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| <b>Case Number:</b>   | CM13-0023049 |                              |            |
| <b>Date Assigned:</b> | 10/16/2013   | <b>Date of Injury:</b>       | 05/30/2012 |
| <b>Decision Date:</b> | 03/19/2015   | <b>UR Denial Date:</b>       | 08/27/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/11/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66-year-old female with a reported date of injury of 05/30/2012, at which time the injured worker was working as a nurse and was struck in the head and face by an agitated patient. The injured worker's diagnoses were noted to include status post head contusion and concussion with altered level of consciousness, migraine headaches, post-traumatic central pathology, and secondary benign proximal positional vertigo. The treatment options completed thus far were shown to include physical therapy. A progress report dated 07/17/2013 noted the injured worker was found to have cervical spine spasm and decreased range of motion. A neurological report dated 08/05/2013 provided no objective or subjective findings correlating with the cervical spine; however, recommendations were noted to include an MRI of the cervical spine due to abnormal findings of tightness of the trapezoid muscles and limited range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, cervical MRIs may be considered in cases where there is an emergence of a red flag condition, physiological evidence of tissue insult or neurological dysfunction, patients who fail to progress in a strengthening program intended to avoid surgery, and/or there is a need for clarification of an anatomy prior to an invasive procedure. There was a lack of evidence provided within the documentation that the would support the need for a cervical spine MRI as there was a lack of physiological evidence of tissue insult or neurological dysfunction. Additionally, there was no evidence within the documentation that the imaging study is needed to clarify anatomy prior to an invasive procedure. Furthermore, requesting an MRI on the basis of tightness of the trapezoid muscles and limited range of motion is not appropriate. Therefore, the request for a cervical spine MRI is not medically necessary.