

<b>Case Number:</b>	CM14-0076459		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 35 year old man sustained an industrial injury on 4/7/2011 after a chain snapped while lifting a transmission and hit him in the chin. The worker was immediately taken to the emergency department where he received x-rays and pain medication. Evaluations include cervical spine x-rays and MRI. Diagnoses include cervical spine radiculopathy, displacement of cervical spine intervertebral disc, cervical spondylosis, chronic pain syndrome, myalgia and myositis, migraines, whiplash injury to neck, mandible fracture, and fractured tooth. Treatment has included oral medications, acupuncture, chiropractic treatment, massage, and physical therapy. Physician notes dated 5/5/2014 show complaints of aching pain in the neck, head, and bilateral shoulders with tingling in the bilateral upper extremities. Recommendations include Topamax, Elavil, Imitrex, Flexeril, fresh cervical spine MRI, electromyogram of the bilateral upper extremities, and follow up in two weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical spine MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to MTUS guidelines, MRI of the cervical spine is recommended if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. In this case, the patient has had previous cervical x-ray and MRI studies. The MRI study indicated facet joint arthropathy. However, there is no evidence of a significant change in symptoms or pathology to support a repeat cervical MRI. Therefore, the request for an MRI of cervical spine is not medically necessary.