

<b>Case Number:</b>	CM15-0010151		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	12/16/2011
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 female patient, who sustained an industrial injury on 12/16/2011. A primary treating office visit dated 12/23/2014 reported subjective complaint of increasing symptom to her left upper extremity involving sensation of weakness, heaviness and a feeling of her left arm not being as quick as the right arm. Current medications are listed as Lexapro, Tylenol and Nexium. The plan of care involved requesting a re-peat cervical radiographic study, and chiropractic treatments with follow up in a month. On 01/07/2015 Utilization Review non-certified that request, noting the Official Disability Guidelines, Neck and Upper back, magnetic resonance imaging was cited. The injured worker submitted an application for independent medical review of services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat cervical spine MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter - Magnetic Resonance Imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

**Decision rationale:** The ACOEM Guidelines support the use of cervical MRI imaging if a "red flag" is found, such as findings suggesting a fracture, symptoms of upper back complaints after a recent trauma, or symptoms suggesting an infection or tumor. MRI imaging is also supported when symptoms do not improve despite three to four weeks of conservative care with observation and there is evidence of an injury or nerve problem or when an invasive procedure is planned and clarification of the worker's upper back structure is required. The submitted and reviewed documentation concluded the worker was experiencing mild left shoulder weakness, neck and upper back pain, and lower back pain. The documented examination showed mild findings suggesting a possible nerve problem involving the upper back. While the treating physician note dated 12/23/2014 states that the nerve symptoms had been worsening with time, the submitted documentation did not support that. There was also no description of "red flag" issues or any of the other above criteria. In the absence of such evidence, the current request for a repeat MRI of the cervical spine region is not medically necessary.