

<b>Case Number:</b>	CM15-0112957		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 67-year-old female, who sustained an industrial injury on 9/18/2014. She reported that a student attacked her and pulled her hair. Diagnoses have included cervical strain, bilateral shoulder sprain and face/scalp/neck contusion. Treatment to date has included physical therapy. According to the progress report dated 5/6/2015, the injured worker complained of pain in the scalp, neck and shoulders. The pain was rated 6/10. The injured worker was currently working without restrictions. The injured worker reported that her neck symptoms never completely resolved and were now significantly worse. She described moderate aching and burning pain on the right side of her neck. The pain radiated down the right posterior thorax to the scapula. There were no paresthesias of the upper extremities. Exam of the neck revealed moderate pain to palpation of the right paracervical muscles. There was no restriction of cervical range of motion. Authorization was requested for magnetic resonance imaging (MRI) of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine without contrast:** 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): 178-179.

**Decision rationale:** The requested MRI of the cervical spine without contrast is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has pain on the right side of her neck. The pain radiated down the right posterior thorax to the scapula. There were no paresthesias of the upper extremities. Exam of the neck revealed moderate pain to palpation of the right paracervical muscles. There was no restriction of cervical range of motion. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI of the cervical spine without contrast is not medically necessary.