

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0113098 |                              |            |
| <b>Date Assigned:</b> | 06/19/2015   | <b>Date of Injury:</b>       | 06/09/2014 |
| <b>Decision Date:</b> | 08/31/2015   | <b>UR Denial Date:</b>       | 05/15/2015 |
| <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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 21 year old female patient who sustained an industrial injury on 06/09/2014 working in retail. The diagnoses include post-concussion syndrome and cervicogenic headaches. She sustained the injury due to head trauma. According to the treating physician's progress report on April 22, 2015, she had complaints of right sided headaches, some dizziness and anxiety. The physical examination revealed some tenderness in the temporomandibular Joint (TMJ), temporalis, cervical paraspinal muscles and facet joints on the right side; normal neurological examination for orientation, cranial nerves II-XII, motor tone and strength, sensory, deep tendon reflexes, coordination and ambulation. The medication list includes Advil. Treatment to date has included diagnostic testing with a reported normal electroencephalogram (EEG) dated 10/30/2014, botox injection on 12/29/14 and medications. Treatment plan consists of cognitive behavioral therapy (CBT), balance therapy, return to normal work duties and the current request for a cervical spine magnetic resonance imaging (MRI).

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** MRI of the cervical spine. Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." The ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." The records provided did not specify any progression of neurological deficits in this patient. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. Evidence of failure of conservative therapy is not specified in the records provided. A recent cervical spine X-ray report is not specified in the records provided. In addition, electro-diagnostic study with significant neurological deficits is not specified in the records provided. The medical necessity of MRI of the cervical spine is not established for this patient.