

<b>Case Number:</b>	CM15-0113813		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	08/03/2014
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 41 year old, male who sustained a work related injury on 8-3-14. The diagnosis has included cervical strain-sprain. Treatments have included 21 sessions of chiropractic-physical therapy (only "marginally" helpful), TENS unit therapy (minor relief) and oral medications. Medications he is currently taking are not noted. In the progress notes dated 1-13-15, the injured worker reports no change in his condition at this time. He still has pain on left side. Upon physical exam, he has decreased range of motion in cervical spine. He has mild tenderness to palpation over the lower cervical spine and upper torso. He is not working. The treatment plan includes appealing denial of MRI of cervical spine. The Utilization Review, dated 5-28-15, the request for an MRI cervical spine is non-certified due to no current and complete neurological examination.

### 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:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Summary.

**Decision rationale:** As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. There is no documentation of worsening symptoms. A recent neurological exam was not documented. There is no noted neurological deficits or findings consistent with stenosis or radiculopathy. There is no specific plans for invasive procedures noted. It is unclear how MRI will change treatment plan. MRI of cervical spine is not medically necessary.