

<b>Case Number:</b>	CM15-0119015		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Arizona, 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:

The injured worker is a 58-year-old female who sustained lower back and left ankle industrial injuries on 11/1/2013 which she reports led to a fall causing neck pain. Her diagnosis is cervical pain. Treatment has included oral and topical medications. The injured worker continues to report cervical pain and recurrent falls when she hyperextends the neck and gets dizzy. It was note in June 11, 2015 that some medications caused dizziness. Examination was unremarkable. The treating physician's plan of care includes cervical MRI without contrast. She is presently not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter on Cervical & Thoracic Spine Disorders, section on magnetic resonance imaging.

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

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. In this case, the symptoms were related to medications and were positional suggesting a non-cervical spine etiology. There were no gross neurological findings on exam relating to the C-spine. The request for an MRI of the cervical spine is not medically necessary.