

<b>Case Number:</b>	CM15-0121238		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	09/10/2014
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Physical Medicine & Rehabilitation

### 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 40 year old female, who sustained an industrial injury on 9/10/2014. She reported being hit on the head by a shower bench. Diagnoses have included post-concussion syndrome, cervical sprain/strain and headaches. Treatment to date has included chiropractic treatment and medication. According to the progress report dated 2/25/2015, the injured worker complained of seeing black and feeling light headed when going up the stairs, bending and leaning over. She complained of constant cervical pain with headaches. The injured worker was to return to modified work. 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 cervical spine:** Overturned

**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): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, MRI.

**Decision rationale:** The patient presents with constant cervical pain with headaches. The request is for MRI CERVICAL SPINE. The request for authorization is not provided. Physical examination reveals reduced range of motion in the cervical spine. The chiropractic care she receives helps restore function and has a positive impact in her ability to work and her daily activities. Her treatment consists of Interferential stimulation performed to enhance local metabolism, encourage motor function, relieve inflammation and pain, and reduce the hyper reactivity of the musculature. Infrared/laser (or class 4 laser) treatment to increase cellular healing, decrease pain, and promote circulation. Per progress report dated 02/25/15, the patient is returned to modified work. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; (2) Neck pain with radiculopathy if severe or progressive neurologic deficit; (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; (5) Chronic neck pain, radiographs show bone or disc margin destruction; (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"; (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit; (8) Upper back/thoracic spine trauma with neurological deficit. Treater does not discuss the request. In this case, given the patient's constant cervical pain, and failure to improve with conservative care, a MRI of the cervical spine would appear reasonable and consistent with ACOEM guidelines. Also, ODG supports a MRI for patients with chronic neck pain after conservative treatments and neurologic signs and symptoms. Review of provided medical records show no evidence of a prior cervical spine MRI. Therefore, the request is medically necessary.