

<b>Case Number:</b>	CM15-0125003		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	12/24/2014
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53-year-old female who sustained an industrial injury on 12/24/2014 resulting in neck pain and headache. She was diagnosed with cervical discopathy and headaches. Treatment has included rest; medication which she said helps reduce pain; physical therapy from which she reported slight pain relief; home exercise program; chiropractic therapy; and, use of a home interferential unit with no results documented. The injured worker continues to report neck pain and headaches. The treating physician's plan of care includes MRI of the cervical spine. She is presently employed with restrictions.

### 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

**Decision rationale:** The claimant sustained a slip and fall work-related injury in December 2014 and continues to be treated for neck pain and headaches. After she fell, she was seen in the Emergency Room and had a headache and low back pain. There was a normal cervical spine examination. When requested, there was cervical spine and trapezius muscle tenderness. Shoulder depression testing was positive. She was having neck and low back pain rated at 5-8/10. Applicable criteria for obtaining an MRI of the cervical spine include neck pain with radiculopathy, if severe, or the presence of progressive neurologic deficit. In this case, there are no findings of radiculopathy or any neurological deficit. A cervical spine MRI is not medically necessary.