

<b>Case Number:</b>	CM15-0129795		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	04/15/2015
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: North Carolina  
 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 63 year old male, who sustained an industrial injury on April 15, 2015. The injured worker reported involvement in a motor vehicle accident causing multiple injuries to the right ankle, neck, back, left arm, right arm, head, and right knee. The injured worker was diagnosed as having cervical sprain, contusion of the right elbow, motor vehicle accident, right ankle sprain, right shoulder pain, shoulder strain, lumbar strain, headache, epistaxis, and cervical radiculopathy. Treatment and diagnostic studies to date has included neck and back x-rays, chiropractic therapy, and medication regimen. In a progress note dated May 20, 2015 the treating physician reports complaints of constant, sharp pain to the posterior neck bilaterally that radiates to the bilateral forearms, pain to the right anterior shoulder, frequent, sharp, aching pain to the radial aspect of the right elbow and the right olecranon region, and intermittent, sharp pain to the right lateral and medial ankle. Examination reveals tenderness to the right ankle, tenderness at cervical three through five, tenderness to the bilateral trapezius muscles, and radiculopathy symptoms of the bilateral upper extremities. The injured worker's pain level to the neck was rated a 5 out of 10, the pain level to the right shoulder was rated a 2 out of 10, and the pain level to the right elbow was rated a 4 out of 10. The treating physician requested magnetic resonance imaging without contrast of the cervical spine for cervical radiculopathy and cervical sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast of the cervical spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure; The provided progress shows evidence of tissue insult and neurologic dysfunction with failure of conservative therapy. Therefore, criteria have been met and the request is medically necessary.