

<b>Case Number:</b>	CM15-0097325		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	06/06/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 56-year-old female with an industrial injury dated 6/06/2014. The injured worker's diagnoses include cervical spine strain, lumbar spine strain and right foot contusion/strain. Treatment consisted of diagnostic studies, prescribed medications, physical therapy and periodic follow up visits. In a progress note dated 3/30/2015, the injured worker reported pain in her neck, chest, mid back, lower back, right shoulder, right arm, right elbow, right hand, and right foot. Cervical spine exam revealed no loss of normal cervical lordosis, no muscle guarding, no spasms, no palpable abnormalities, and no tenderness to palpation of the paraspinal musculature, negative proactive test, and increasing pain towards terminal range of motion. Cervical spine x-ray performed on 3/30/2015 revealed no soft tissues, vertebral body or abnormalities present, no encroachment and no evidence of fracture or dislocation. The treating physician prescribed services for Magnetic resonance imaging (MRI) of the cervical spine now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of the cervical spine:** Upheld

**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): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult with nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are cervical spine strain; lumbar spine strain; rule out internal derangement right shoulder; rule out internal derangement right elbow; rule out intra-carpal ligament tear right wrist; rule out right ulnar nerve entrapment neuropathy; and right foot contusion/strain. Documentation from a March 30, 2015 initial evaluation shows the injured worker had a prior low back magnetic resonance imaging scan November 5, 2014. There were no results available in the medical record and the injured worker was unaware of the results. Subjectively, the injured worker complains of right neck pain that radiates to the right shoulder and arm. The injured worker complains of low back pain that radiates to the right buttock and lower extremity. Additional complaints were chest discomfort and right hip. Objectively, the cervical spine was unremarkable. There was no tenderness to palpation and motor strength was normal. Physical examination of the lumbar spine was unremarkable. There was no tenderness palpation and motor strength was normal. Neurologically, there were no motor or sensory deficits. The neurologic evaluation was otherwise unremarkable. There were no red flags present in the medical record. There was no physiologic evidence of tissue insult with nerve impairment in the medical record. Consequently, absent clinical documentation with nerve impairment, red flags, and unremarkable physical examination with no neurologic deficit, MRI cervical spine is not medically necessary.