

<b>Case Number:</b>	CM15-0097558		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	02/06/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/08/2015
<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: Florida

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 46-year-old female patient who sustained an industrial injury on 02/06/2014. A primary treating office visit dated 12/19/2014 reported the patient with subjective complaint of having a slightly improved painful neck. Objective findings showed pain, tenderness and swelling of the cervical spine. Flexion noted at 40 degrees and extension at 60 degrees. The following diagnoses are applied: cervical spine strain/sprain; muscle spasms, and brachial neuritis/radiculitis. The plan of care noted the patient to utilize hot pack as needed, and recommendation to undergo an orthopedic consultation for possible administration of cervical epidural injection. She is to remain off from work duty through 02/09/2015. On 03/25/2015, she underwent electrodiagnostic nerve conduction study of bilateral upper extremity that revealed a normal study. A primary treating office visit dated 04/30/2015 reported no change in the subjective complaints, or medication regimen. Treating diagnoses added the following: paresthesia, and myalgia/myositis. The plan of care involved the patient to undergo a re-repeat magnetic resonance imaging study of cervical spine.

### 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 (repeat): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 178, 303-304.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, Special studies and diagnostic treatment considerations Page(s): 177 - 178.

**Decision rationale:** California MTUS guidelines state regarding special studies of the Cervical spine, "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, and clarification of the anatomy prior to an invasive procedure." Regarding this patient's case, this patient had an MRI performed 1.5 years ago. The documentation provided does not suggest any significant change in symptoms. There is no documentation of red flags being present, nor evidence of neurological dysfunction or tissue insult. There is no documentation of failure to progress in a strength-training program, nor is there documentation of a planned eminently invasive procedure. In fact, a 3/25/2015 EMG study was normal. For the aforementioned reasons, this request for a repeat Cervical MRI is not considered medically necessary.