

<b>Case Number:</b>	CM14-0140549		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54 year old male who sustained an injury to his neck on 03/21/14. Mechanism of injury was not documented. Progress report dated 08/07/14 was handwritten and difficult to decipher. The injured worker complained of pain in the left shoulder, neck, and right knee. Physical examination noted tenderness in the cervical spine, left shoulder, and right knee. The injured worker was diagnosed with left shoulder sprain/strain and cervical sprain/strain. Cervical MRI and request for referral to pain management was made. The injured worker was recommended to remain off work until 09/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 SINGLE POSTIONAL MRI OF THE CERVICAL SPINE: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** The request for one single positional MRI of the cervical spine is not medically necessary. Previous request was denied on the basis that it appeared that the cervical

spine complaints were new, as they were not mentioned in the 07/10/14 initial report. There was no documentation to suggest conservative care had been attempted and failed. Additionally, the injured worker did not present with evidence of a red flag or neurological dysfunction. Therefore, the request was not deemed as medically appropriate. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no physical examination findings of decreased, increased reflex, or sensory deficits in the cervical spine. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for one single positional MRI of the cervical spine is not indicated as medically necessary.