

<b>Case Number:</b>	CM14-0144861		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/10/2010
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Family Medicine and is licensed to practice in California. 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 39 year old male who sustained an injury to his neck on 08/10/10 due to a fall from a ladder. Records indicate that the injured worker sustained a clavicular fracture and underwent ORIF of the clavicular fracture on 08/25/10 followed by postoperative physical therapy. Other treatment has included acupuncture, chiropractic manipulation, activity modification, and work restriction. MRI of the cervical spine dated 01/29/13 revealed a 4mm broad based disc protrusion of unclear significance. A clinical note dated 08/13/14 reported chronic, nearly diffused pains. It was noted that the injured worker was unable to tolerate most of physical examination, but noted there was a sensory change in the right lateral ankle and brisk deep tendon reflexes in the bilateral lower extremities. There was no recent detailed physical examination of the cervical spine provided for review. Prior utilization review denied a request for MRI of the Cervical Spine on August 19, 2014.

### 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 Chapter 12 Low Back Complaints.

**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 previous request was denied on the basis that absent of performance of examination, excluding an assessment for change, there was no need for advanced imaging or repeating advanced imaging. 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 motor strength, increased reflex or sensory deficits in the cervical spine. There was no indication that plain radiographs had been 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 MRI of the cervical spine is not indicated as medically necessary.