

<b>Case Number:</b>	CM14-0111173		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 38 year old female who sustained an industrial injury on 11-27-13. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include neck and facial pain. Current diagnoses include cervicgia, contusion of face, scalp, and neck, headache, and sleep disturbance. In a progress note dated 05-12-15 the treating provider reports the plan of care as medications including Ondansetron, Quazepam, and Ultracet. The requested treatment includes a MRI of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) of the Cervical Spine w/o Contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
[https://www.acoempracguides.org/Cervical and Toracic Spine](https://www.acoempracguides.org/Cervical%20and%20Toracic%20Spine); Table 2.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic and Treatment Considerations, page(s) 171-171, 177-179, Acupuncture Treatment Guidelines.

**Decision rationale:** The patient is without acute physiologic evidence of tissue insult, progressive neurological compromise, or red-flag findings to support imaging request. Criteria for ordering imaging studies include 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any radicular symptoms or specific clinical findings to support this imaging study as the patient has intact motor strength, DTRs, and sensation throughout bilateral upper extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI (Magnetic Resonance Imaging) of the Cervical Spine w/o Contrast is not medically necessary and appropriate.