

<b>Case Number:</b>	CM16-0246624		
<b>Date Assigned:</b>	12/29/2016	<b>Date of Injury:</b>	11/11/2016
<b>Decision Date:</b>	01/25/2017	<b>UR Denial Date:</b>	12/13/2016
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2016

### 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: Neurology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old male with a date of injury on 11-11-2016. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder sprain and neck muscle strain. According to the progress report dated 12-1-2016, the injured worker complained of right shoulder and neck pain. The pain in the neck radiated to the right ear and behind the right eye. The injured worker also complained of persistent headaches. The injured worker reported numbness in the right fourth and fifth fingers. The injured worker reported that his right arm went numb when sleeping on his stomach. The physical exam (12-1-2016) revealed tenderness over the right trapezius. There was noted to be decreased sensation in the right fifth greater than fourth fingers. Treatment has included physical therapy and medication. The provider noted that x-rays of the cervical spine showed mild, disc space narrowing at C5-6. The original Utilization Review (UR) (12-13-2016) denied a request for magnetic resonance imaging 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 scan of the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Work Loss Data Institute (21th Annual Edition), 2016, Neck and Upper Back (Acute & Chronic) Chapter.

**MAXIMUS guideline:** The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, MRI.

**Decision rationale:** The medical records report further conservative care of at least 1 month and presence of neurologic deficit which is decreased sensation. ODG guidelines support imaging for uncomplicated neck pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. The records indicate a neurologic deficit. As such the medical records provided for review, do support imaging at this time. MRI cervical spine is medically necessary.