

<b>Case Number:</b>	CM13-0018212		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	11/15/2000
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 underlying date of injury in this case is 11/15/2000. The treating physician's notes are handwritten and partially legible and appear to support the diagnosis of status post C5-6 and C6-7 discectomy and also status post lumbar surgery x 3 including percutaneous discectomy at L4-S1. The patient additionally has the diagnosis of a right shoulder periscapular strain, status post right shoulder arthroscopy in October 2003. The patient has been noted to have grade 1-2 anterolisthesis at C4-C5 by spinal imaging as well as a chronic right C5-C6 radiculopathy by electrodiagnostic studies. An initial physician review in this case noted that this patient presented with a recent increase in neck and right shoulder related to activities of daily living which represented a minor exacerbation of chronic neck pain with a chronic radiculopathy. The review indicated the medical records did not indicate any significant neurological change to indicate that an updated MRI was indicated subsequent to the prior study of 2011. The review also noted that electrodiagnostic studies of the right upper extremity were not indicated as the patient was noted to have a chronic C5-C6 radiculopathy confirmed by EMG and MRI and there were no specific changes to support a repeat study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the C-spine with Gadolinium:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The ACOEM guidelines, chapter 8, neck, page 178, state, "Unequivocal findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging studies if the symptoms persist. When the neurological exam is less clear, however, further physiological evidence of nerve dysfunction can be obtained before ordering an imaging study." In this case, it is not clear that there has any specific objective neurological change since prior MRI imaging of the cervical spine and prior electrodiagnostic testing. This patient is known to have a chronic cervical radiculopathy, and again it is not apparent that there has been any fundamental change in the patient's neurological status. That said, the guidelines at most would support an imaging study or electrodiagnostic study; it is not clear from the medical records or guidelines the rationale for simultaneously requesting an MRI of the cervical spine and electrodiagnostic studies in this case. Overall the medical records and guidelines do not support indication for a cervical MRI or electrodiagnostic study at this time. This request is not medically necessary.

**Electrodiagnostic studies of the right upper extremity:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The ACOEM guidelines, chapter 8, neck, page 178, state, "Unequivocal findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging studies if the symptoms persist. When the neurological exam is less clear, however, further physiological evidence of nerve dysfunction can be obtained before ordering an imaging study." In this case, it is not clear that there has any specific objective neurological change since prior MRI imaging of the cervical spine and prior electrodiagnostic testing. This patient is known to have a chronic cervical radiculopathy, and again it is not apparent that there has been any fundamental change in the patient's neurological status. That said, the guidelines at most would support an imaging study or electrodiagnostic study; it is not clear from the medical records or guidelines the rationale for simultaneously requesting an MRI of the cervical spine and electrodiagnostic studies in this case. Overall the medical records and guidelines do not support indication for a cervical MRI or electrodiagnostic study at this time. This request is not medically necessary.