

<b>Case Number:</b>	CM13-0032780		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	07/07/2011
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and 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 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 patient is a 56-year-old female who reported a work-related injury on 07/07/2011 when a large cart door fell on her head. The patient has been treated with medications, injections, and physical therapy. The patient has also undergone 3 MRIs of the cervical spine dated 04/26/2011, 12/13/2011, and 09/26/2013. The patient's diagnoses are listed as C5-6 and C6-7 radiculitis and foraminal stenosis at C5-6 and C6-7. A request was made for outpatient cervical MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI), Cervical, outpatient:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Neck

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, magnetic resonance imaging (MRI).

**Decision rationale:** Recent clinical documentation submitted for review stated the patient complained of headaches and of constant, sharp pain in the neck. The pain radiated into the back

and down the legs. The patient also complained of constant, stabbing pain in the bilateral shoulders which radiated into both arms and hands. The patient received a cervical epidural injection without any relief of symptoms. Physical examination of the patient revealed range of motion at 70 degrees of flexion and 70 degrees of extension. There was decreased sensation at C5-6 and C6-7. Spurling's sign was positive. MRI scan of the cervical spine showed a 3 mm bulging disc at C5-6 and C6-7 with flattening of the dura. Her diagnosis was listed as cervical radiculitis. The treatment was noted to proceed with anterior decompression and fusion at C5-6 and C6-7. California Medical Treatment Guidelines indicate unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. The patient was noted to have had 2 previous MRIs of the cervical spine in 2011. Official Disability Guidelines indicate that repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There was lack of documentation noting new physical exam findings for the patient or a significant change in symptoms. The patient was not noted to have a significant change in symptoms since her previous MRIs. As such, the request for outpatient cervical MRI is non-certified.