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| <b>Case Number:</b>   | CM13-0036429 |                              |            |
| <b>Date Assigned:</b> | 12/13/2013   | <b>Date of Injury:</b>       | 05/18/2012 |
| <b>Decision Date:</b> | 02/20/2014   | <b>UR Denial Date:</b>       | 10/10/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/21/2013 |

### 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 Family Practice and is licensed to practice in 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 44-year-old female who reported an injury on May 18, 2012. The patient is currently diagnosed with lumbar spine radiculopathy. The patient was seen by [REDACTED] on August 07, 2013. The patient reported minimal changes in symptoms to include neck pain with radiation into the right trapezius and radiating right arm pain, numbness and tingling. Physical examination revealed no acute distress, normal gait, moderately restricted lumbar range of motion, intact sensation, decreased range of motion of bilateral shoulders, tenderness to palpation, positive impingement testing on the right, and decreased sensation to light touch in the right dorsal forearm. Treatment recommendations included an electromyography (EMG) of the right upper extremity, as well as an 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:

**repeat MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (Pain, Chronic)

**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 & Upper Back Chapter, Magnetic Resonance Imaging.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. As per the clinical notes submitted, the patient underwent an MRI of the cervical spine on August 10, 2013, which indicated disc protrusion at C3-4 and C6-7 without spinal stenosis, neural foraminal narrowing at C3-4 and C4-5, mild bilateral facet arthropathy at C3-4 and C4-5, spondylosis at C3-4 and C4-5, and straightening of the normal cervical spine curvature. There is no indication of a failure to respond to recent conservative treatment prior to the request for an additional imaging study. There are no significant changes in the patient's symptoms or examination findings that would warrant a repeat MRI. The medical necessity has not been established. Therefore, the request is non-certified