

<b>Case Number:</b>	CM13-0042336		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/30/2013
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Internal Medicine and Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 35 year-old with a date of injury of 04/30/13. The mechanism of injury was that she tripped and fell over a pallet of merchandise. The most recent progress note included by [REDACTED], dated 12/04/13, identified subjective complaints of neck and hip pain as well as pain radiating down the right upper extremity. Objective findings included pain with lateral rotation as well as numbness in the C6 and C7 distribution. There was no tenderness to palpation. Motor function and reflexes were normal. Diagnoses indicate that the patient has "cervical disc herniation". Treatment has included previous acupuncture and NSAIDs. The results of plain radiographs are not listed. An MRI was ultimately performed on 12/07/13 and did not reveal a disc herniation. A Utilization Review determination was rendered on 10/14/13 recommending non-certification of an outpatient 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:

**An Outpatient MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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).

**Decision rationale:** The Medical Treatment Utilization Schedule ACOEM Guidelines state that for cervical nerve root compression, no diagnostic studies are indicated for 4-6 weeks in the absence of progressive motor weakness. The criteria for ordering special studies such as an MRI are listed as: - 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. Additionally, recent evidence indicates cervical disc annular tears may be missed on MRIs as well as a 30% false-positive rate in patients without symptoms and under the age of 30. The Official Disability Guidelines (ODG) state that an MRI is recommended with certain indications. These include: - Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurological signs or symptoms present; - Neck pain with radiculopathy if severe or progressive neurologic deficit; - Chronic neck pain, radiographs show spondylosis, neurological signs or symptoms present; - Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; - Chronic neck pain, radiographs show bone or disc margin destruction; - Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"; - Known cervical spine trauma: equivocal or positive plain films with neurological deficit; - Upper back/thoracic trauma spine trauma with neurological deficit. In this case, there is no indication in the record of any of the above abnormalities or other indications for an MRI and therefore no documented medical necessity for the study.