

<b>Case Number:</b>	CM13-0045142		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/27/2004
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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:

This is a female patient with a date of injury of 4/27/04. A utilization review determination dated 10/4/13 recommends non-certification of MRI of cervical spine. A progress report dated 12/5/13 identifies subjective complaints including constant neck pain and stiffness with increased radiation of the pain from the neck down both arms, constant numbness in both arms and hands plus popping in both hands and difficulty with gripping and grasping objects. She is concerned that the levels below her cervical fusion are deteriorating, and she would like to know how badly they are damaged which is why the MRI scan of the cervical spine has been requested. Objective examination findings identify limited cervical spine ROM and tenderness. DTRs are unobtainable. Motor strength testing demonstrates moderate to severe breakaway weakness without any specific neurologic deficits identified. Diagnoses include DDD and spondylosis plus disc protrusions of the cervical spine at C3-C7 s/p anterior cervical fusion at C3-7 which appears to be solid at all of the levels associated with bilateral upper extremity brachial neuritis; moderate exogenous obesity associated with hypertension and diabetes mellitus. Treatment plan recommends MRI scan of the cervical spine as this should show the upper thoracic levels as well as the C7-T1 level, which is her main concern. MRI is going to be better than x-rays because of her stocky stature and her large shoulders, but x-rays might be done depending upon the results of the MRI scan of the neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

**Decision rationale:** Regarding the request for MRI of cervical spine, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Within the documentation available for review, there is documentation that the patient is concerned regarding the condition of the C7-T1 level after the prior C3-C7 fusion. However, there is no documentation of any red flags and no evidence of tissue insult or neurologic deficit on exam. There is no clear indication for a cervical spine MRI. In the absence of such documentation, the requested MRI of cervical spine is not medically necessary.