

<b>Case Number:</b>	CM13-0060050		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	11/06/2008
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Montana. 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 expert 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 injured worker is a truck driver with a date of injury of 11/6/08. This injury caused neck and low back pain. The medical records document that he was treated extensively for low back pain including chiropractic, physical therapy and request for epidural steroid injections. Have an MRI of the lumbar spine and electrodiagnostic testing of the lower extremities performed in September 2013. He apparently did have an MRI of the cervical spine performed on 10/16/09. The results of that study are not available in the medical records provided. The medical examination on 6/22/13 shows a diagnosis of cervical strain with no evidence for surgical lesion. Physical findings related to the cervical spine were apparently unchanged from previous visits. There is no indication for progressive radiculopathy or red flag conditions involving the cervical spine. The treating physician has requested repeat cervical MRI without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT MAGNETIC RESONANCE IMAGING (MRI) CERVICAL SPINE WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck

**Decision rationale:** The MTUS in the ACOEM guidelines states that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag condition, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to invasive procedures. An imaging study may be appropriate for a patient who's limitations due to consistent symptoms have persisted for 4-6 weeks or more, when surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology, such as a tumor. Reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results) because it's possible to identify a finding that was present before symptoms began and therefore has no temporal association with the symptoms. The ODG Guidelines note that cervical MRI is not recommended except for indications listed below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery. For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. Indications for imaging -- MRI (magnetic resonance imaging):- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit- Chronic neck pain, radiographs show spondylosis, neurologic 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 spine trauma with neurological deficit

In this case the medical records indicate that MRI of the cervical spine was performed on 10/16/09. The recent clinical evaluations do not show that the injured worker has severe or progressive neuropathy. The guidelines require significant change in symptoms or findings suggestive of significant pathology for repeat cervical MRI. The request for repeat

magnetic resonance imaging of the cervical spine without contrast is not consistent with the MTUS and ODG guidelines and is not medically necessary.