

<b>Case Number:</b>	CM13-0069161		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Ohio. 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 60-year-old male who reported an injury to his lower spine while lifting boxes on 04/24/2013. In the clinical note dated 10/28/2013, the injured worker complained of intermittent neck pain which was worse with grasping and lifting objects, and pain that radiated into his left arm all the way down to his hand. The injured worker reported his left arm pain was so severe that even if he had no absolutely no pain in his lower back or legs, the left arm symptoms would prevent him from returning to any type of work. Upon physical examination of the cervical spine, it was revealed that there was tenderness upon palpation of the cervical midline and trapezii. The diagnoses included cervical strain, lumbar strain, left elbow contusion, left lateral epicondylitis, moderate bilateral carpal tunnel syndrome, and left L5-S1 radiculopathy. The provider recommended MRI (magnetic resonance imaging) of the cervical and lumbar spine. It was indicated that the injured worker has taken Zanaflex, Ketoprofen, and Terocin cream. The injured worker's work restrictions included preclusion from forceful pushing or pulling greater than 10 pounds, repetitive or extreme neck motions, as well as repetitive bilateral hand activity greater than 15 minutes per hour. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE CERVICAL SPINE WITHOUT CONTRAST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck an Upper Back Chapter, Indication for Imaging - MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The request for MRI (magnetic resonance imaging) of cervical spine without contrast is non-certified. The California MTUS guidelines state that MRIs are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The criteria for ordering imaging studies are: 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. In the clinical notes provided for review, there was lack of documentation of the injured worker trying conservative therapies. Also, the clinical notes provided for review lack documentation of the injured worker showing any significant evidence of tissue insult or neurologic dysfunction or failure to progress in a strengthening program intended to avoid surgery. Therefore, the request for an MRI of the cervical spine without contrast is non-certified.