

<b>Case Number:</b>	CM14-0004759		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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, and is licensed to practice in Illinois. 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 56-year-old female with a reported injury on 10/25/2012. The injured worker stated that she was lifting equipment weighing approximately 75 to 80 pounds, where she felt pain in her neck, her right shoulder, her wrist, her right knee, and her lower back. As a result, she sustained injuries to her neck, both of her shoulders, her elbow, her wrists, mid and low back, both knees, and ankles. On 12/16/2013, the injured worker was complaining of sharp, stabbing neck pain and muscle spasms that are constant and severe. She rated her pain as a 6/10 to 7/10. The injured worker stated that the pain was aggravated when she looked up, looked down, looked side to side, as well as with repetitive motion of the head and neck. The pain was associated with numbness and tingling of the bilateral upper extremities. The injured worker underwent left arm surgery on 09/2013, and also the injured worker had a prior motor vehicle accident in 07/2013. The range of motion of her cervical spine showed flexion at 30 degrees, extension at 10 degrees, the left rotation at 25 degrees, the right rotation at 20 degrees, the left lateral flexion at 15 degrees, and the right lateral flexion at 15 degrees. The injured worker stated sensation to pinprick and light touch was diminished over C7 and C8. Her motor strength was decreased secondary to pain in the bilateral upper extremities. The injured worker did have multiple diagnoses, but the ones pertaining to the cervical spine were cervical spine sprain/strain, cervical radiculopathy, and bilateral shoulder sprain/strain. She was status post right shoulder arthroscopy, and rule out right shoulder rotator cuff tear. Her medication list consisted of Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol, Cyclophene, and ketoprofen cream. The injured worker has used a brace and a TENS unit and hot/cold units at home. The recommended plan of treatment was a course of physical therapy and acupuncture treatment for the affected body parts, at a frequency of 3 times a week for 6 weeks. The injured worker was referred for a psychological consultation and for a sleep study for problems with insomnia. There was no

mention of the need for an MRI of the spine. The Request for Authorization for an MRI of the cervical spine and the rationale was not provided.

### **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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NECK AND UPPER BACK.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back , magnetic resonance imaging (MRI).

**Decision rationale:** The request for the MRI of the cervical spine is not medically necessary. The California MTUS/ACOEM guidelines recommend an MRI to show spinal stenosis and also an MRI with gadolinium, which shows scarring. There is not a diagnosis of spinal stenosis provided. The Official Disability Guidelines recommend a MRI if there is neck pain with radiculopathy with severe or progressive neurological deficits. They also recommend an MRI (magnetic resonance imaging) for chronic pain after 3 months of conservative treatment, and that radiographs are normal or neurological signs or symptoms are present. There is no documentation provided and no evidence of any conservative care to include physical therapy, the use of NSAIDs and their efficacy, nor home exercise program. There was no evidence of a radiograph x-ray that was normal. There was no evidence of a request for an MRI mentioned in the documentation provided for review. There is a lack of documentation demonstrating significant physical exam findings indicative of neurologic deficit. Therefore, the request for the MRI of the cervical spine is not medically necessary.