

<b>Case Number:</b>	CM14-0007186		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	10/16/2007
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 66-year-old female who reported an injury on 08/15/2007 with the mechanism of injury unclear in the documentation provided. In the clinical note dated 01/21/2014, the injured worker complained of continued intermittent moderate neck pain with radiation to the shoulders bilaterally. She also reported intermittent moderate bilateral hand and wrist pain and intermittent moderate low back pain with radiation to the right leg to the knee. It was noted that the injured worker stated that she had not had acupuncture treatment in years. Upon examination of the cervical spine, it was noted that there was tenderness to palpation around the paracervical and trapezial musculature. There was a positive cervical distraction test and it was noted that there was muscle spasms. There was also restricted range of motion due to the complaint of pain. The examination of the right shoulder revealed tenderness to palpation around the anterolateral shoulder and supraspinatus and mild tenderness extending to the pectoralis. There was also restricted range of motion due to complaints of discomfort and pain. The physical examination of the bilateral wrists/hands revealed tenderness to palpation. It was noted that positive Tinel's and Phalen's signs were indicated on the right. The examination of the thoracic spine revealed tenderness to palpation about the parascapular musculature with muscle spasms noted. The examination of the lumbar spine revealed tenderness to palpation around the lumbar paravertebral musculature with muscle spasms noted. A positive straight leg raise test on the left was noted and slightly restricted range of motion due to complaints of discomfort and pain. It was also noted that there was a decrease of sensation to light touch in the L5-S1 dermatomes. The diagnosis included cervical spine sprain/strain with radicular complaints, status post right shoulder arthroscopic surgery dated 2010, bilateral wrist tenosynovitis, right carpal tunnel syndrome, and lumbar spine strain with radicular complaints. The treatment plan

included a recommendation for the injured worker to attend a course of acupuncture treatment at a rate of 2 times a week for 4 weeks for myofascial complaints. Also, there was a request for the injured worker to undergo an updated MRI of the cervical spine and lumbar spine to better assess the injured worker's condition. There was also a recommendation for the injured worker to followup with the physician of whom she was pending a lumbar spine epidural steroid injection from. The request for authorization for an MRI of the cervical spine without contrast to better assess the injured worker's condition was not submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **MAGNETIC RESONANCE IMAGING OF THE CERVICAL SPINE WITHOUT CONTRAST BETWEEN 12/23/2013 AND 2/6/2014: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE 2ND EDITION (2004), , 177-179

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

**Decision rationale:** The request for magnetic resonance imaging of the cervical spine without contrast between 12/23/2013 and 02/06/2014 is non-certified. The American College of Occupational and Environmental Medicine (ACOEM) guidelines state that special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red-flag conditions are ruled out. Primary criteria for ordering imaging studies are: emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon) failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). In the clinical notes provided for review, there was lack of documentation of the injured worker having any significant functional or neurological deficits or new symptoms upon physical examination. The injured worker's need for an updated MRI was not demonstrated as the documentation lacked evidence of new symptomology. Furthermore the last MRI was not submitted for review. Therefore, the request for magnetic resonance imaging of the cervical spine without contrast between 12/23/2013 and 02/06/2014 is not medically necessary.