

<b>Case Number:</b>	CM14-0008629		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	10/27/2009
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	12/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Management 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 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:

This is a patient with a date of injury of October 27, 2009. A utilization review determination dated December 21, 2013 recommends noncertification for an MRI of the cervical spine. Noncertification was recommended due to a lack of objective findings and documentation of a significant change in the patient's symptoms since the time of the last MRI. A progress report dated November 6, 2013 identifies subjective complaints of left knee pain, left low back radiating pain, and right low back pain. The note indicates that the patient's pain is 10/10. The note appears to indicate that there is also neck pain and headache. Physical examination findings identify tenderness to palpation around both shoulders, tenderness to palpation around the cervical paravertebral muscles and trapezius, and tenderness to palpation around the lumbar spine with a positive straight leg raise test. Kemps test is also documented as being positive. The diagnoses include cervical spine sprain/strain with bilateral upper extremity radiculopathy, thoracic spine sprain/strain, and lumbar spine sprain/strain with bilateral lower extremity radiculopathy. The diagnoses also contain specific measurements of what is presumed to be disc protrusions at numerous levels in the cervical and lumbar spine. The treatment plan recommends continuing with a home exercise program. Additional treatment recommendations include neurologic consultation, continue medication, requesting MRI reports from all previous doctors for further treatment, and a urine drug screen. A report dated August 19, 2013 indicates that the physician had an opportunity to review diagnostic testing including an MRI of the cervical spine, lumbar spine, and right shoulder. The physician goes on to indicate that the patient is not a surgical candidate nor would any epidural steroid injections or facet blocks be recommended due to no significant stenosis or facet arthropathy identified via cervical MRI.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), MAGNETIC RESONANCE IMAGING (MRI).

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

**Decision rationale:** The ACOEM 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. Guidelines also recommend MRIs after 3 months of conservative treatment. The Minnesota Official Disability Guidelines state that repeat imaging of the same views of the same body part with the same imaging modality is not indicated except as follows: to diagnose a suspected fracture or suspected dislocation, to modify therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, when the treating healthcare provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of neurologic deficit or recent physical examination findings supporting a diagnosis of neurologic dysfunction attributable to the cervical spine. Finally, it appears the patient has undergone a cervical MRI previously. The requesting physician has not identified a significant change in the patient's subjective complaints or objective findings for which a more recent MRI would be warranted. In the absence of such documentation, the requested cervical MRI is not medically necessary and appropriate.