

<b>Case Number:</b>	CM14-0012664		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	10/02/2008
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Occupational Medicine 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:

The patient is a 62-year-old male who has submitted a claim for possible C4-C5 disc herniation above the level of fusion associated with an industrial injury date of October 2, 2008. Medical records from 2013-2014 were reviewed. The patient complained of increasing neck and shoulder pain. There was noted numbness and tingling into the thumb and index finger. The pain on the shoulder area radiated to the arms. Physical examination showed shoulder abductor lag on the left with overhead abduction and forward flexion. He has mild weakness with external rotators on the left more than the right. Biceps strength was diminished on the right compared to the left. MRI of the cervical spine (undated), revealed stenosis at C3-C4 related to osteophytic disk disease and buckling of the ligamentum flavum, and a bit of stenosis at the C4-C5 level neuroforaminally. Treatment to date has included medications, physical therapy, low back surgery, left shoulder surgery, cervical decompression and fusion, cervical epidural steroid injection, and activity modification. Utilization review, dated January 13, 2014, denied the prospective request for 1 MRI of the cervical spine because there was no neurological symptoms that would support diagnosis of radiculopathy and no recent attempt at physical therapy. The prospective request for 1 follow-up office visit to go over MRI results was also denied because the associated MRI request was not certified, thus there was no need for an appointment to go over the results.

### 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**MAXIMUS 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 and Upper Back Chapter, MRI.

**Decision rationale:** As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, MRI was requested to reevaluate the neck. The patient has increase in neck and shoulder pain. Physical examination showed mild weakness in the shoulder and slightly diminished biceps strength on the right. There may be evidence of nerve compromise. However, there was no documentation of treatment and failure of conservative therapy for 3 months. In addition, there is no mention from the medical records submitted that the patient is being considered for surgery. The criteria have not been met. Therefore, the request for MRI of the cervical spine is not medically necessary.

**ONE FOLLOW UP OFFICE VISIT TO GO OVER MRI RESULTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office visits.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.