

<b>Case Number:</b>	CM14-0111933		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/03/1995
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 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 60-year-old female who has submitted a claim for cervical radiculopathy, degenerative disc disease, and s/p right carpal tunnel repair with residual pain associated with an industrial injury date of 10/03/1995. Medical records from January 2014 to June 2014 were reviewed and showed continued cervical pain, 6-7/10, described as aching, throbbing, and burning, accompanied by intermittent radicular pain down to the right upper extremity with numbness and paresthesia in both forearms. Physical examination findings from latest progress notes dated 06/03/2014 showed cervical spine range of motion to be 60 degrees in flexion and associated with mild increased pain, <20 degrees in flexion and associated with increased pain, and 40 degrees rotation associated with increased in pain with left rotation. There was no tenderness on palpation of the cervical spine. Upper extremity findings were not cited. MRI of cervical spine without contrast dated 12/14/2012 showed C2-C7 disc dislocation with loss of disc space height, spondylosis, and diffuse annular bulging and C5-C6 foraminal stenosis. A repeat MRI was requested last 06/03/2014 since a recent MRI is needed for Neurosurgical consult. A cervical MRI without contrast dated 07/29/2014 was noted in the medical documents included for review. Treatment to date has included medications, physical therapy, acupuncture, chiropractic, massage, ice, heat, traction, CES, and cervical collar. Utilization review dated 06/16/2014 denied the request for MRI of the cervical spine without contrast although the reason for denial was not included in the documents provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **MRI Cervical Spine Without Contrast: Upheld**

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

**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, the patient complained of persistent cervical pain. However, there is no documentation of new injury or trauma to the spine. There is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Also, there is no documentation of treatment and failure of conservative therapy for 3 months. Even though MRI of the cervical spine without contrast is requested for neurosurgical consult, guideline criteria were still not met. Moreover, previous MRI of cervical spine without contrast was accomplished on 12/14/2012 showing C2-C7 disc dislocation with loss of disc space height, spondylosis, and diffuse annular bulging and C5-C6 foraminal stenosis. There is no clear indication for a repeat MRI at this time. Therefore, the request for MRI of the cervical spine without contrast is not medically necessary.