

<b>Case Number:</b>	CM14-0117512		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 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 injured worker is a 55-year-old male who was injured on 01/23/13 while lifting at work. Presently he is complaining of neck pain with radiation into bilateral shoulders, intermittent bilateral shoulder pain, bilateral hand and wrist pain with paresthesia, depression, and stress. Cervical MRI on 2/25/14 revealed C2-C3 extradural defect with osteophytes and borderline bilateral neural foraminal exit zone compromise; C3-C4 narrowing with osteophytes, spinal stenosis, and neural foraminal exit zone compromise; C4-C5 disc protrusion with facet hypertrophy, bilateral neural foraminal zone compromise and spinal stenosis; and C5-C6 extradural defect with bilateral neural foraminal exit zone compromise and C7-T1 extradural defect with left neural foraminal exit zone compromise. X-rays of cervical spine on 3/31/14 revealed moderate to severe diffuse degenerative changes with loss of normal lordosis. EMG/NCV studies from 05/23/14 were normal. On exam, there is diffuse cervical spine tenderness, decreased cervical spine range of motion, a positive foraminal compression test on the right side, positive Spurling's test and a positive bilateral Tinel's sign. Diagnoses: Cervicothoracic strain/arthrosis/discopathy with central and foraminal stenosis and resultant cephalgia, bilateral shoulder impingement syndrome with possible rotator cuff tears, possible bilateral carpal tunnel and/or cubital tunnel syndrome, psychiatric complaints and sleep disturbance secondary to pain. He has had Motrin, hydrocodone, a pain management referral, bilateral cockup wrist brace for night time use and a cervical MRI. The request for one MRI of the cervical spine was denied on 07/14/2014 due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (acute & chronic)

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

**Decision rationale:** According to the CA MTUS guidelines, MRI of lumbar spine is reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to the ODG, MRI of the cervical spine is recommended in chronic neck pain (after three months conservative treatment) with normal X-ray when neurological signs and symptoms are present; neck pain with radiculopathy if severe or progressive neurological deficits; chronic neck pain with radiographs show old trauma or spondylosis with neurological signs and symptoms present; chronic neck pain with radiographs show bone or disc margin destruction; in suspected cervical spine trauma with clinical findings suggestive of ligamentous injury (with X-ray / CT normal); known cervical spine trauma with equivocal or positive plain films with neurological deficits. Per guidelines, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the medical records do not meet the above criteria. Furthermore, the IW had MRI on 2/25/2014; conclusive of multilevel degenerative disc and joint disease. There is no evidence of any trauma, infection, fracture or progression of symptoms or neurological deficits to warrant a repeat MRI. Therefore, the medical necessity of the requested service cannot be established per guidelines and due to lack of medical necessity.