

<b>Case Number:</b>	CM14-0122406		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

44y/o female injured worker with date of injury 1/2/14 with related pain in the left paracervical spine. Per progress report dated 7/15/14 she reported severe pain that was also in the left scapular area, and radicular dysesthetic pain down the left arm which was rated 10/10 with medication. Per physical exam, she had limited range of motion of the cervical spine in all directions with a positive Spurling's maneuver to the left. She has pain down the left arm without any movement of cervical spine. Reflexes were 1+ at biceps, absent at triceps, and 1+ at the brachioradialis. MRI of the cervical spine dated 1/28/14 revealed multilevel cervical spondylosis with mild central spinal canal stenosis at C4-C5 and C6-C7. There was also foraminal stenosis, left at C6-C7. She was refractory to physical therapy. The date of UR decision was 7/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Per the documentation submitted for review, the injured worker had cervical MRI performed 1/28/14, however it is reported that the treating physician needs a new MRI scan in order to perform surgery because her current one is 6 months old. The treatment plan involves a 2 level ACDF at C5-C6 and C6-C7. As the request was placed six months after the previous MRI, it is necessary for surgical planning. The request is medically necessary