

Case Number:	CM14-0157200		
Date Assigned:	09/30/2014	Date of Injury:	01/17/2014
Decision Date:	11/14/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/25/2014

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:

This 59 year-old maintenance worker sustained an injury on 1/17/14 after ascending some stairs carrying a tool bag and ladder while employed by [REDACTED]. Request(s) under consideration include MRI of the Cervical Spine. Diagnoses include thoracic sprain; lumbar sprain/ back contusion; and neck sprain. Report of 3/10/14 from another provider noted patient with neck and low back pain; neck pain rated at 2-3/10 with medications helping. Exam showed minimal neck stiffness; full active range of motion in neck; 5/5 strength; and intact sensation. Report of 3/28/14 from the provider noted the patient had neck, left shoulder, low back, left knee, left hip pain along with insomnia, high blood pressure, and diabetes. Neck pain was constant and rated at 6/10. Cervical spine exam showed limited range in all planes; tightness, spasm; tenderness at spinal processes; positive Spurling's bilateral and positive compression test; diffuse decreased sensation throughout bilateral C6-T1; diffuse decreased strength of 3-4/5 in bilateral C5-7 and C8 muscle groups (yet with 5/5 motor strength at right shoulder muscles and right elbow muscle testing); normal DTRs 2+. Treatment included MRIs, acupuncture, medications, LSO, TENS, and restricted activities. X-rays of the cervical spine dated 3/24/14 showed mild diffuse cervical facet degenerative change with mild disc degenerative changes from C4-7. Report of 3/24/14 from another provider noted the patient with non-radiating neck pain; slightly worsened after PT session. Exam showed neck with TTP and spasm at right upper trapezius; right C5-T1 paraspinal muscle with 5/5 strength, intact sensation and DTRs 2+. Diagnoses included neck sprain. Review of 5/6/14 from the provider noted the patient with ongoing neck pain radiating down left arm. Exam showed TTP; limited range; positive compression test. There was an MRI of cervical spine dated 4/22/14 showing disc dessication throughout spine, C5-6 disc protrusion effacing right C6 nerve root with 1-2 mm disc at C6-7 with neural foraminal narrowing. Diagnoses included "cervical spine sprain/strain with multiple

disc bulges per MRI." Treatment included continuing with acupuncture, LESI, CESI, medications, and the patient remained off work. The request(s) for MRI of the Cervical Spine was non-certified on 9/3/14 citing guidelines criteria and lack of medical necessity.

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): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-171,177-179.

Decision rationale: This 59 year-old maintenance worker sustained an injury on 1/17/14 after ascending some stairs carrying a tool bag and ladder while employed by [REDACTED]. Request(s) under consideration include MRI of the Cervical Spine. Diagnoses include thoracic sprain; lumbar sprain/ back contusion; and neck sprain. Report of 3/10/14 from another provider noted patient with neck and low back pain; neck pain rated at 2-3/10 with medications helping. Exam showed minimal neck stiffness; full active range of motion in neck; 5/5 strength; and intact sensation. Report of 3/28/14 from the provider noted the patient had neck, left shoulder, low back, left knee, left hip pain along with insomnia, high blood pressure, and diabetes. Neck pain was constant and rated at 6/10. Cervical spine exam showed limited range in all planes; tightness, spasm; tenderness at spinal processes; positive Spurling's bilateral and positive compression test; diffuse decreased sensation throughout bilateral C6-T1; diffuse decreased strength of 3-4/5 in bilateral C5-7 and C8 muscle groups (yet with 5/5 motor strength at right shoulder muscles and right elbow muscle testing); normal DTRs 2+. Treatment included MRIs, acupuncture, medications, LSO, TENS, and restricted activities. X-rays of the cervical spine dated 3/24/14 showed mild diffuse cervical facet degenerative change with mild disc degenerative changes from C4-7. Report of 3/24/14 from another provider noted the patient with non-radiating neck pain; slightly worsened after PT session. Exam showed neck with TTP and spasm at right upper trapezius; right C5-T1 paraspinal muscle with 5/5 strength, intact sensation and DTRs 2+. Diagnoses included neck sprain. Review of 5/6/14 from the provider noted the patient with ongoing neck pain radiating down left arm. Exam showed TTP; limited range; positive compression test. There was an MRI of cervical spine dated 4/22/14 showing disc dessication throughout spine, C5-6 disc protrusion effacing right C6 nerve root with 1-2 mm disc at C6-7 with neural foraminal narrowing. Diagnoses included "cervical spine sprain/strain with multiple disc bulges per MRI." Treatment included continuing with acupuncture, LESI, CESI, medications, and the patient remained off work. The request(s) for MRI of the Cervical Spine was non-certified on 9/3/14. The patient had recent MRI of cervical spine on 4/22/14 showing disc bulges. Symptoms and clinical findings have remained unchanged for this injury without new acute trauma, red-flag conditions, documented failed conservative trial, or flare-up of chronic symptoms and diagnoses already established to support for an updated imaging study. Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging

studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electro diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including report from providers have not adequately demonstrated the indication for repeating the MRI of the Cervical spine nor identify any specific acute change or progressive deterioration in clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the Cervical Spine is not medically necessary.