

<b>Case Number:</b>	CM14-0157951		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	01/12/2008
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 claimant was injured on 01/12/08. An MRI of the cervical spine is under review. Her mechanism of injury is unknown. She was evaluated on 04/03/14. She complained of left elbow pain. There was no cervical spine or other extremity complaints. Physical examination of the cervical spine was unremarkable and there was no neurologic exam. She was planning to have left elbow epicondyle release. Surgery was done on 04/10/14. On 04/18/14, she complained of left elbow pain aggravated by overhead activities. Diagnoses included herniated nucleus pulposus of the cervical spine. She had multiple other extremity diagnoses. Physical therapy (PT) was ordered for her elbow. On 04/23/14, she reported intermittent pain in the left elbow. There were no neurologic deficits. She attended PT. On 04/30/14, she reported bilateral hand pain and spasms in the bilateral forearms. PT for her elbow began on 05/05/14. No neurologic deficits were documented. On 05/20/14, she reported neck pain at level 6. She had no new injuries. She had started postop PT and was doing home exercises. Her neck was not examined. Additional PT was ordered. She felt 30-40% better. On 06/17/14, she reported arm and elbow pain and pain radiating down about her left thumb. It was level 6/10 and she had right shoulder, arm, and elbow pain and the pain radiated up about her neck. She had completed 8 PT sessions and received authorization for 8 more. She remained weak but left grip was stronger than before. There was some tenderness about the elbow. Her neck was not examined and there were no neurologic deficits noted. On 07/08/14, she still had elbow tenderness. She had a flare-up of her neck and right shoulder pain with some episodes of numbness and tingling down the right arm. Both hands had decreased grip strength. There was tenderness about the right anterior shoulder, trapezius, and cervical paraspinals with spasm. She had decreased range of motion of the cervical spine and positive axial compression. MRI of the cervical spine was ordered due to increased radicular findings. She was to continue her home exercises. On 08/05/14, she still

complained of neck pain radiating to her head with headaches that comes and goes. She had elbow pain although the left elbow pain was getting better. She was doing her home exercises. She complained of pain in the right thumb with numbness and tingling that comes and goes. Physical examination was unchanged. MRI was recommended again. On 09/03/14, she had continued neck pain and complained of pain and muscle spasms about the left elbow and forearm that were exacerbated with housework. MRI was awaited but she needed an open MRI due to feelings of claustrophobia. She was to continue home exercises.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Open 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.

**Decision rationale:** The history and documentation do not objectively support the request for an MRI of the cervical spine. The MTUS state "for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: - 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, 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." In this case, there is no evidence of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and the judicious use of medications. There is no clear evidence that conservative care for the cervical spine has been completed and failed. There are no new or progressive focal neurologic deficits for which this type of imaging study appears to be indicated. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of the request for an MRI of the cervical spine has not been demonstrated.