

<b>Case Number:</b>	CM14-0163788		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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, has a subspecialty in Interventional Spine 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 45-year-old male with an injury date of 07/20/12. Based on the 09/02/14 progress report provided by [REDACTED], the patient complains of neck pain. Physical examination to the cervical spine revealed tenderness to palpation in the upper paravertebral and trapezius muscle. Range of motion was slightly decreased with increased pain on cervical motion with negative Spurling's, Adson's and Wright maneuvers. Patient has been dispensed Protonix, Norco and Orudis. Patient has been receiving postoperative physical therapy for his left shoulder, however no improvement in the cervical spine. Patient does not feel there is significant worsening in his cervical spine and left shoulder problems since injury date of 07/20/12. Treater is requesting MRI of the cervical spine and is planning pain management evaluation with epidurals. Diagnosis 09/02/14- cervical spine strain- cervical radiculopathy- cervical disc protrusion at C3-C4- right rotator cuff tendinitis and impingement syndrome- left rotator cuff tendinitis and impingement syndrome with rotator cuff tear- bilateral wrist tendinitis with carpal tunnel syndrome- status post left shoulder operative arthroscopy with arthroscopic subacromial decompression and rotator cuff debridement 03/26/14. [REDACTED] is requesting MRI of the cervical spine. The utilization review determination being challenged is dated 09/24/14. The rationale is: "lack of documented physiologic evidence indicating tissue insult or nerve impairment..." [REDACTED] is the requesting provider and he provided frequent reports from 03/26/14 - 09/02/14.

### 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. Decision based on Non-MTUS Citation ODG Neck and Upper Back (updated 08/04/14)

**MAXIMUS 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) chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** The patient presents with neck pain. The request is for MRI of the cervical spine. He is status post left shoulder operative arthroscopy with arthroscopic subacromial decompression and rotator cuff debridement 03/26/14. His diagnosis dated 09/02/14 includes cervical spine strain, cervical radiculopathy, and cervical disc protrusion at C3-C4. Patient has been receiving postoperative physical therapy for his left shoulder, however no improvement in the cervical spine. Regarding MRI, uncomplicated Neck pain, chronic neck pain, ACOEM Chapter: 8, pages 177-178 states: "Neck and Upper Back Complaints, under Special Studies and Diagnostic and Treatment Considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." ODG Guidelines, Neck and Upper Back (Acute & Chronic) chapter, Magnetic resonance imaging (MRI) states: "Not recommended except for indications list below. Indications for imaging -- MRI (magnetic resonance imaging): - Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present - Neck pain with radiculopathy if severe or progressive neurologic deficit." Per progress report dated 09/02/14, treater is requesting MRI of the cervical spine and is planning pain management evaluation with epidurals. Patient states that he does not feel there is significant worsening in his cervical spine and left shoulder problems since injury date of 07/20/12. Patient has a diagnosis of cervical radiculopathy, however there is no documentation that patient presents with radiating symptoms. ODG guidelines do not support MRI's unless there are neurologic signs/symptoms present. Furthermore, treater has not documented findings that identify specific nerve compromise on neurological examination, as required by guidelines. Request is not medically necessary.