

<b>Case Number:</b>	CM14-0181182		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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:

Injured worker (IW) sustained an industrial injury to the neck, right shoulder, left hand/elbow and face on 08/02/13. Per 08/20/14 QME report no acute fractures were identified on initial x-rays. IW reported pain radiating from the left elbow to the 4th and 5th fingers. Shoulder MRI revealed a SLAP tear. 10/30/13 upper extremity EMG/NCV studies were interpreted as normal. 01/14/14 cervical MRI showed a diffuse disc/osteophyte complex at C5 to C7, with impingement upon the right neural foramen but no cord compression. A C6-7 disc/osteophyte complex was associated with mild canal stenosis and severe left neural foraminal narrowing. Documented treatment to date had included left shoulder surgery in 2013, as well as medications and corticosteroid injection. Current complaints included shoulder, neck, elbow, and low back pain. On exam, neck and back stiffness were noted. Numbness/tingling radiated down the left arm in an ulnar nerve distribution. Tinel sign was positive over the left cubital tunnel. Radiation of pain into the right upper arm was also noted. There was tenderness in the lateral neck and along the posterior spinous processes. Muscle spasm was present. Grip strength was reduced bilaterally. Positive Spurling test and grinding in the neck were noted. Future treatment recommendations did not mention imaging or neck surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Special Studies and Diagnostic and Treatment Considerations. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 08/04/14) Magnetic resonance imaging (MRI) - Indications for imaging -- Mri (magnetic resonance imaging)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Neck & Upper Back Chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** ACOEM Guidelines is silent concerning criteria for repeat imaging. ODG Neck & Upper Back Chapter states, "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)." Based upon the submitted documentation no significant change in the clinical presentation which would support performance of repeat imaging has been documented since time of previous MRI. Therefore, MRI Cervical spine is not medically necessary.