

<b>Case Number:</b>	CM14-0036572		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 General Surgery and is licensed to practice in Texas. 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 injured worker is a 63-year-old male who sustained an injury on 01/17/2012. While trying to reach the rope of the back door of the truck he jumped three times. He lost balance and fell down, losing consciousness. The injured woke up with severe headaches, pain in the neck, shoulder and lower back. A magnetic resonance imaging (MRI) of 2/2014 of the cervical spine revealed a 2 mm disc protrusion at C3-C4 resulting in a mild degree of central canal narrowing. At C3-C4 and C4-C5, there was a left-sided uncovertebral bony hypertrophy resulting in narrowing of the left neural foramen with abutment of the exiting left cervical nerve roots at those levels and diffuse endplate degenerative changes noted. On 12/03/2013, the treating provider noted that the cervical spine revealed 3+ tenderness over the paraspinal muscles, trapezius and parascapular muscles, bilaterally. There was 3+ pain felt over the cervical spine process from C4 through C7. The cervical compression and shoulder depression test was positive bilaterally. On 01/09/2014, the treating provider evaluated the patient for pain in the neck and bilateral shoulder. The pain was rated at 6 to 7 out of 10. He stated that the acupuncture had provided minimal relief. There was pain and weakness in the neck. There was low back pain and pain down the left leg and pain down the left arm. Examination of the cervical spine revealed 3+ tenderness over the paraspinal muscle, trapezius and parascapular muscles, bilaterally. There was 3+ pain felt over the cervical spine processes from C4 through C7. The cervical compression and shoulder depression test were positive bilaterally. The recommendations were for the patient to see pain management, continue with acupuncture care and a second request for authorization for MRI of the cervical spine and lumbar spine to establish the presence of disc pathology to rule out herniated disc. A second request for an MRI of the left shoulder to rule out internal derangement or tears was also made. In a letter dated 02/03/2014, the patient was notified that the request for an MRI of the cervical spine was non-certified. There was no need for the scan as the

examination dated 01/09/2014 did not provide sufficient medical evidence. ACOEM chapter on cervical and thoracic spine disorders; section on MRI was used as a reference. The patient was diagnosed with cervical spine sprain/strain with radiculitis, rule out herniated disc, left shoulder impingement syndrome and lumbar spine sprain/strain with radiculitis, rule out herniated disc.

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

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

**MRI CERVICAL:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): MRI.

**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, MRI.

**Decision rationale:** The claimant is noted in the office notes that cervical compression test is positive bilaterally since 12/13 and persists. There has been a pain management physician consult dated 5/1/14 that demonstrates Spurling's test positive of the left neck. There are no previous examination documentation prior to 12/13 initial exam by the chiropractor for review so it is not possible to draw conclusions as to whether these findings are new or are chronic and whether they are as a consequence of the industrial injury on 1/17/12. The request for cervical MRI is medically necessary but the findings may or may not be causally related to the industrial injury of 1/17/12.