

<b>Case Number:</b>	CM14-0040099		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	01/05/2004
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 56-year-old female who reported an injury on 01/05/2004. The mechanism of injury was noted to be a slip and fall. The injured worker's treatment history included an MRI, surgery, physical therapy, injections, carpal tunnel injections under ultrasound guidance. The injured worker was evaluated on 02/20/2014. It was documented the injured worker complained of neck pain, bilateral wrist pain, bilateral hand numbness, bilateral hip pain, bilateral shoulder pain, and low back pain, bilateral sciatica and right ankle pain. The provider noted the injured worker's condition was unchanged. She continued to have bilateral wrist pain with numbness into her hands. She does not have double crush syndrome, there was radiculopathy from the cervical spine and carpal tunnel syndrome. She had previously had bilateral carpal tunnel injections on the right on 09/10/2013 and on the left on 08/07/2013. The injured worker stated that she continued to have relief from her symptoms, but the injections are just beginning to wear off. It was noted that the last MRI was greater than 1 year old, completed on 01/03/2012. Objective findings of the cervical spine revealed with direct palpation to the right paracervical muscles, no tenderness with spasm and guarding, particularly at the C4-C5 and C6-7 facets. She had decreased sensation along the C6 nerve distribution, however, improved since last exam. Grip strength on the right remains 4/5 and on the left was a 5/5. Range of motion of the cervical spine was forward flexion 1 inch chin to chest, extension 40 degrees, lateral bending to the left, and the right was 40 degrees. Physical examination revealed the injured worker was not able to touch within 6 inches of the floor with back flexion. Normal rotation, lateral bending. The injured worker was able to toe-heel walk. Exam of lower extremities was 5/5 bilaterally with normal tibialis anterior L4, normal great hallux extension L5, normal peroneus, S1 reflexes 2+/2+ at L4 and S1 bilaterally. Straight leg raising caused leg discomfort on the right, negative on the left. There was paraspinous muscle spasm and tenderness. Babinski reflexes are downgoing.

There was muscle spasm and guarding. He had decreased sensation to the L4 distribution of the right foot, which is a clue to lumbago, bilateral hip pain, cervicgia with upper extremity radiculopathy, bilateral carpal tunnel syndrome, cervical disc displacement, chronic pain syndrome, right shoulder pain, right plantar fasciitis, left knee pain with arthritis and right shoulder impingement syndrome. Medications included Norco. Request for authorization dated 02/27/2014 was for prospective request for open cervical MRI without contrast. Rationale was the last MRI was done 1 year ago on 01/03/2012 and was needed for further staging of surgery.

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

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

**Prospective Request for Open Cervical MRI without Contrast.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation ODG-Neck and Upper Back (Acute and Chronic).

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

**Decision rationale:** The request for prospective request for open Cervical Magnetic Resonance Imaging without contrast is non-certified. ACOEM guidelines recommend imaging studies when physiologic evidence identifies specific nerve compromise on the neurologic examination. There was no conservative care treatment submitted for the injured worker. In addition, the injured worker had an MRI in 01/03/2012, and the date was not provided when the injured worker would be having cervical spine surgery. There is a lack of objective findings identifying specific nerve compromise to warrant the use of imaging. Given the above, the request is non-certified.