

<b>Case Number:</b>	CM14-0045449		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/01/2007
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old female who reported an injury on 06/01/2007 due to repetitive trauma while performing normal job duties. The injured worker reportedly developed carpal tunnel syndrome of the right wrist. The injured worker underwent surgical intervention for the right wrist in 10/2008 and the left wrist in 05/2009. The injured worker also underwent a C5-6 and C6-7 anterior cervical discectomy in 01/2012. The injured worker underwent a cervical MRI in 2012 that documented there were postsurgical changes at the C5-7 with well viewed fusion and no evidence of central foraminal stenosis with a mild C4-5 degenerative disc change without neural compression and no cord signal changes. The injured worker underwent an EMG in 12/2013 that documented there was evidence of bilateral C8 radiculopathy. The injured worker was evaluated on 03/21/2014. The injured worker complained of neck and arm pain. It was noted that the injured worker had previously participated in 24 sessions of physical therapy that were considered helpful, was wearing wrist braces, taking Celebrex and gabapentin, and had undergone an ergonomic evaluation in the workplace. It was noted that the injured worker had also received shoulder injections in the past which were considered helpful. The physical findings included positive shoulder impingement signs with normal motor strength of the bilateral lower extremities. It was noted at that appointment that the injured worker had undergone x-rays that documented a solid C5-7 fusion with no evidence of adjacent spondylolisthesis. The injured worker's diagnoses included status post C5-7 anterior fusion, nonspecific upper extremity radiculopathy, right shoulder impingement, and recent flare of cervicalgia. A request was made for an additional MRI to assess for fusion in adjacent segments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Cervical Spin with Contrast:** Upheld

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

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

**Decision rationale:** The American College of Occupational and Environmental Medicine recommend imaging studies for the cervical spine when there is evidence of radiculopathy upon a physical examination that has failed to respond to conservative treatment and would benefit from further diagnostic study. The clinical documentation submitted for review does provide evidence that the injured worker has subjective complaints of radiculopathy. However, there are no physical examination findings to support progressive radiculopathy that would require an imaging study. Additionally, Official Disability Guidelines do not support repeat imaging unless there is a significant change in the injured worker's clinical presentation. The clinical documentation submitted for review does not support that there has been any significant change in the injured worker's clinical presentation to support the need for an additional imaging study. As such, the requested MRI of the Cervical Spine with Contrast is not medically necessary or appropriate.