

<b>Case Number:</b>	CM14-0046895		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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, 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:

This 65-year-old patient sustained an injury on 1/10/12 while employed by [REDACTED]. The requests under consideration include MRI (magnetic resonance imaging) of the cervical spine without contrast and consultation with [REDACTED]. The report of 2/27/14 from the provider noted the patient with neck complaints. The exam showed cervical spine with normal motor strength in all motor groups at 5/5 grade; intact sensation to pinprick as well as light touch in bilateral upper extremities and symmetrical biceps and triceps one plus reflexes; however, left hand had median nerve distribution decreased sensation at middle finger. The patient had previous MRI of cervical spine in July 2010 without change or new red-flag findings. The patient remained temporarily totally disabled. The agreed medical evaluator (AME) re-evaluation of 3/6/14 noted patient sustained injuries to her neck, left wrist and left shoulder. The patient was status post left shoulder arthroscopy with subacromial decompression and rotator cuff repair and status post manipulation under anesthesia. Future medication noted provision for medications with possibility for left shoulder surgery and "I did not feel she was a surgical candidate regarding her neck, left elbow, left wrist, or low back" with only supportive care as reasonable. Mentioned was MRI of cervical spine with multi-level disc protrusion at C4-6; electromyography (EMG) on 8/18/11 consistent with carpal tunnel syndrome (CTS) on left and C6-7 radiculopathy. The recommendation included possible epidural steroid injection. The requests for MRI of the cervical spine without contrast and consultation with [REDACTED] were non-certified on 3/12/14 citing guidelines criteria and lack of medical necessity.

### 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 WITHOUT CONTRAST, QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-171, 177-179.

**Decision rationale:** According to the documentation submitted for review, symptoms and clinical findings have remained unchanged for this January 2012 injury without new acute trauma, red-flag conditions, documented failed conservative trial, or flare-up of chronic symptoms and diagnoses already established to support for an updated imaging study. Per ACOEM guidelines for the Neck and Upper Back Disorders, under special studies and diagnostic and treatment considerations, states that criteria for ordering imaging studies include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including report from providers have not adequately demonstrated the indication for repeating the MRI (magnetic resonance imaging) of the cervical spine nor identify any specific acute change in clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. As such, the request for MRI of the cervical spine without contrast is not medically necessary and appropriate.

**CONSULTATION WITH [REDACTED], QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180 and 183.

**Decision rationale:** The submitted reports have not demonstrated any surgical lesion or indication for surgical consult when the orthopedic agreed medical evaluator (AME) has no recommendation for surgery. The examination has no specific neurological deficits to render surgical treatment nor is there any diagnostic study remarkable for any surgical lesion. The ACOEM guidelines support surgical consultation for the purpose of clarification of the treatment plan and diagnosis when there are presentations of persistent, severe and disabling symptoms with red-flag conditions identified to suggest possible instability, failure to increase in range in therapy with extreme progression of symptoms, and neurological deficits of muscular strength and specific sensory loss to suggest a surgical lesion that is imaging confirmed. Since the submitted reports have not adequately demonstrated support for this orthopedic consultation, the request for consultation with [REDACTED] is not medically necessary and appropriate.

