

<b>Case Number:</b>	CM14-0078575		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/11/2007
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 52 year-old patient sustained an injury on 4/11/07 while employed by [REDACTED]. Request under consideration include Cervical MRI. The AME Supplemental report dated 4/30/13 had diagnoses of Cervical spine musculoligamentous sprain/strain s/p fusion at C6-7, C7-T1; Right shoulder musculoligamentous sprain/strain s/p right shoulder arthroscopy. The patient continues to treat fro chronic ongoing pain symptoms with opiates include MS Contin and Oxycodone. UDS of 3/18/14 was inconsistent, negative for Oxycodone. The provider discussed aberrant findings with the patient and Oxocodone was discontinued. Report of 3/18/14 from the provider noted the patient had follow-up for chronic symptoms and for review of therapy and monitoring of medications. Objective findings were unremarkable with diagnoses of cervical disc disease. Since discontinuation of Oxycodone, the patient has called seeking narcotics. The provider noted during peer discussion, the inability to affectively wean the patient from his opioids and requested for FRP which was certified along with continuation of MS Contin. There had been previous peer review dated 2/21/14 noting recommendation for tapering of opiates as the patient's level was 165 MED. Report of 4/22/14 from the provider noted the patient with persistent neck pain for cervical disc disease rated at 9/10. Brief exam documented "General: normal; Respiratory: lungs clear; Neurological: patient alert and oriented x 3." Diagnosis was cervical disc disease. The request for Cervical MRI was non-certified on 4/28/14 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:

**Cervical MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177-178.  
Decision based on Non-MTUS Citation Official Disability guidelines.

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

**Decision rationale:** This 52 year-old patient sustained an injury on 4/11/07 while employed by [REDACTED]. Request under consideration include Cervical MRI. AME Supplemental report dated 4/30/13 had diagnoses of Cervical spine musculoligamentous sprain/strain s/p fusion at C6-7, C7-T1; Right shoulder musculoligamentous sprain/strain s/p right shoulder arthroscopy. The patient continues to treat for chronic ongoing pain symptoms with opiates include MS Contin and Oxycodone. UDS of 3/18/14 was inconsistent, negative for Oxycodone. The provider discussed aberrant findings with the patient and Oxycodone was discontinued. Report of 3/18/14 from the provider noted the patient had follow-up for chronic symptoms and for review of therapy and monitoring of medications. Objective findings were unremarkable with diagnoses of cervical disc disease. Since discontinuation of Oxycodone, the patient has called seeking narcotics. The provider noted during peer discussion, the inability to affectively wean the patient from his opioids and requested for FRP which was certified along with continuation of MS Contin. There had been previous peer review dated 2/21/14 noting recommendation for tapering of opiates as the patient's level was 165 MED. Report of 4/22/14 from the provider noted the patient with persistent neck pain for cervical disc disease rated at 9/10. Brief exam documented "General: normal; Respiratory: lungs clear; Neurological: patient alert and oriented x 3." Diagnosis was cervical disc disease. The request for Cervical MRI was non-certified on 4/28/14. Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, criteria for ordering imaging 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 reports from the provider, have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study as the patient is without neurological deficits documented. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Cervical MRI is not medically necessary and appropriate.