

<b>Case Number:</b>	CM13-0019789		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

### 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 53-year-old female who reported an injury on 11/24/2010 due to a fall. On 04/16/2013, the injured worker presented with complaints of pain to the right low back radiating to the right buttock, right groin, right hip, right anterior and posterior thigh, and right posterior calf and foot. She also had reports of neck pain to the right radiating to the right shoulder, right parascapular region, and right thoracic back with numbness of the right biceps, right radial arm, and hand. Current medications included Dilaudid and gabapentin. Surgical history included an L5-S1 discectomy and laminectomy in 1989 and an L4-5 discectomy and lumbar in 1988. The diagnoses were cervical disc protrusion, cervical stenosis, cervical facet joint arthropathy and cervical sprain/strain. Upon examination, there was tenderness to palpation to the cervical, thoracic, and lumbar paraspinal muscles and right shoulder. Cervical discogenic provocative maneuvers were positive. There was a positive right sided Spurling's and 5/5 strength in all limbs except for 4+/5 in the right deltoid, right wrist, right extensor hallucis longus, tibialis anterior, and gastrocsoleus. There was intact sensation to light touch and pinprick in all limbs except for decreased in the right C6 dermatome of the right arm and right L4-5 dermatome of the right leg. The provider recommended an MRI for the cervical spine. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Page(s): 177-179.

**Decision rationale:** The request for an MRI of the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. The criteria for ordering imaging studies include an emergence of a red flag, physiological evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of an anatomy prior to an invasive procedure. The documentation submitted for review noted that there was positive provocative testing noted to the cervical spine with decreased sensation and paraspinal tenderness. There was 4/5 noted to the right side. There was no evidence of the injured workers previous courses of conservative treatment to include physical therapy, home exercise, injections, and medications. Additionally, a current physical examination was not submitted for review. As such, medical necessity has not been established.