

<b>Case Number:</b>	CM14-0191157		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	04/14/2011
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Interventional Spine 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:

The patient is a 33 year old male with an injury date of 04/14/11. The reports are not very legible. The patient is status post right shoulder surgery in 01/14, as per progress report dated 10/01/14. Based on the progress report dated 10/27/14, the patient complains of pain the lumbar spine, rated at 7/10, radiating to the right foot. The patient also complains of pain in the cervical spine radiating to right shoulder, rated at 7/10. The constant, sharp, dull pain produces numbness and weakness. Physical examination of the lumbar spine reveals tenderness to palpation and spasm along with positive straight leg raise on the right and decreased sensation at L5-S1. Physical examination of the cervical spine shows tenderness to palpation and reduced sensation at C8. As per progress report dated 10/01/14, physical examination of the right shoulder reveals painful flexion and abduction up to 90 degrees. The cervical paraspinals are tender with spasm and guarding. Spurling's maneuver is positive on the right. The patient has received epidural steroid injections in the past that were helpful, as per progress report dated 10/27/14. The patient's work status has been determined as temporarily totally disabled, as per progress report dated 10/27/14. Diagnosis, 10/01/14:- Small C6-C7 disc herniation with right upper extremity radiculopathy.- Status post right shoulder surgery. The treater is requesting for MRI of the cervical spine without contrast. The utilization review determination being challenged is dated 10/28/14. The rationale was "the clinical information available for our review does not meet preliminary guidelines." Treatment reports were provided from 04/03/14 - 10/27/14.

### 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:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Magnetic resonance imaging (MRI)

**Decision rationale:** ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, state that "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, there are no MRI reports available for review. However, in progress report dated 10/01/14, the treater states that "the patient's last MRI scan was more than a year ago, as well as his most recent cervical radiographs." The treater also states that "At this point in time, he requires current diagnostic testing if he is not going to undergo surgery of his neck. He needs to have current MRI scan, along with dynamic radiographs including flexion and extension." However, the progress reports do not indicate any significant changes in symptoms or findings to warrant a repeat MRI. The patient is not post-op; there are no red flags and the patient does not present with a new injury to warrant a new set of MRI's. Based on ODG guidelines, this request is not medically necessary.