

<b>Case Number:</b>	CM14-0196593		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	08/24/2010
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 60-year-old male, who sustained an industrial injury on 08/24/2010. He reported a tugging or pull in his mid-back and spine and then a numb burning pain. Pain radiated into the base of his neck. Treatment to date has included physical therapy, medications, MRI of the cervical spine and epidural steroid injection. MRI of the cervical spine performed on 09/14/2010 was consistent with C5-C6 moderate disc degeneration and slight bulge and moderately symmetric right-sided 5 millimeter uncovertebral hypertrophy osteophyte causing marked stenosis in the right lateral recess and neuroforamen. At C6-C7 there was a broad-based central 2 to 3 millimeter disc protrusion causing mild central canal stenosis and contacting the anterior aspect of the cervical cord. At C3-C4 there was a right paracentral 1 millimeter disc protrusion without stenosis noted. Loss of lordosis consistent with paraspinal spasm was noted. According to a follow up report dated 09/08/2014, the injured worker was seen for evaluation of the cervical and thoracic spine. He was still having pain and discomfort. Physical examination of the spine demonstrated alignment within normal limits, tenderness improved, range of motion improved, strength within normal limits, tension sign within normal limits, clonus within normal limits, reflex within normal limits and sensation of the upper and lower extremities within normal limits. Range of motion of the hip was within normal limits. Range of motion of the shoulder was within normal limits. Impingement was within normal limits. Circulation was positive. Diagnoses included carpal tunnel syndrome, degenerative disc disease of cervical intervertebral disc and degenerative disc disease of thoracic or thoracolumbar intervertebral disc. The treatment plan included repeat MRI to see if the disc herniation required treating or see if it had just gone away or not. Currently under review is the request for MRI to the cervical spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI to the cervical spine:** 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): 177,182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

**Decision rationale:** ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure". ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging". Indications for imaging - MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. Chronic neck pain, radiographs show bone or disc margin destruction. Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." Known cervical spine trauma: equivocal or positive plain films with neurological deficit. Upper back/thoracic spine trauma with neurological deficit. The treating physician has not provided evidence of red flags to meet the criteria above. As such the request for MRI to the cervical spine is not medically necessary.