

<b>Case Number:</b>	CM14-0075506		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/30/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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: California, Indiana, New York  
 Certification(s)/Specialty: Internal 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 43 year old female, who sustained an industrial injury on 10/30/13. She has reported neck, back, bilateral, right shoulder and bilateral elbow/forearm/wrist/hand pain. The diagnoses have included cervical spine musculoligamentous sprain/strain, thoracic spine musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, right shoulder sprain/strain, bilateral knee chondromalacia patella, bilateral wrist/hand tenosynovitis and carpal tunnel syndrome and bilateral elbow lateral epicondylitis and cubital tunnel syndrome. Treatment to date has included cortisone injections of shoulder, activity restrictions and oral medications including Norco. Currently, the injured worker complains of neck pain and stiffness, mid back pain and stiffness, low back pain and stiffness, bilateral knee pain, right side greater than left, right shoulder pain and bilateral elbow/forearm/wrist/hand pain. X-ray films revealed complete straightening of the cervical lordotic curvature and lumbar spine films revealed minimal to slight L5-S1 greater than L4-5 facet degenerative joint disease.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG); Treatment in Workers Comp 18th edition, 2013 Update Neck and Upper Back chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI cervical spine is not medically necessary. 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 no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. 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, and recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult with nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured workers working diagnoses are cervical spine musculoligamentous sprain/strain; thoracic spine musculoligamentous sprain/strain; lumbar spine musculoligamentous sprain/strain; right shoulder sprain/strain; bilateral knee chondromalacia patella; bilateral wrist/hand tenosynovitis and carpal tunnel syndrome; bilateral elbow lateral epicondylitis and cubital tunnel syndrome. The progress note on or about the date of the request for authorization is dated April 9, 2014. Subjectively, the injured worker complains of neck pain and stiffness, mid back pain and stiffness, low back pain and stiffness, bilaterally pain, right shoulder pain, and bilateral elbow/forearm/wrist/hand pain. Objectively, there is no physical examination in the designated space on the preprinted form. The criteria for ordering a MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult with nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. There is no physical examination. There were no red flags or physiologic evidence of tissue insult with nerve impairment. Consequently, absent clinical documentation with objective neurologic physical findings or red flags, MRI cervical spine is not medically necessary.