

<b>Case Number:</b>	CM15-0009254		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 37 year old female with a date of injury as 03/01/2013. The cause of the injury was related to cumulative trauma. The current diagnoses include cervical strain and bilateral shoulder strain. Previous treatments include medications and physical therapy. Primary treating physician's reports dated 06/12/2014 through 12/24/2014, physical therapy progress notes, imaging study, and work status updates were included in the documentation submitted for review. Report dated 12/24/2014 noted that the injured worker presented with complaints that included worsening neck and right shoulder pain with radiating numbness and pain to the right hand. Physical examination revealed tenderness over the lower paraspinal muscle and limited range of motion due to pain, right shoulder tenderness and limited range of motion due to pain. Documentation supports that the request for the cervical MRI is to rule out nerve root impingement. Documentation included a x-ray of the cervical spine dated 07/01/2014. The injured worker is on limited duty. The utilization review performed on 01/02/2015 non-certified a prescription for MRI of the cervical spine based on no documentation of electrodiagnostic studies or evidence of definitive neurologic findings. The reviewer referenced the California MTUS ACOEM in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)

**Decision rationale:** The 37 year old patient presents with neck and shoulder pain, and has been diagnosed with cervical strain and bilateral shoulder strain, as per progress report dated 11/20/14. The request is for MRI OF CERVICAL SPINE. The RFA for the case is dated 12/21/14, and the patient's date of injury is 03/01/13. The patient has been allowed to join her usual customary work, as per progress report dated 11/20/14. 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, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. ODG guidelines also 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 (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, the patient complains of chronic neck pain, and a review of the available progress reports does not indicate prior MRI of the cervical spine. As per progress report dated 08/05/14, the patient has soft tissue tenderness in the cervical paraspinal musculature. The treater, therefore, requested an MRI to rule out nerve root impingement. However, as per progress report dated 11/20/14, the patient is pregnant. Hence, the treater states that they are "unable to request MRIs..." Additionally, the treater states that "her injury is self limiting and should resolve." ODG and ACOEM guidelines allow MRI only when significant neurologic deficit is suspected. Given the lack of clinical evidence, this request IS NOT medically necessary.