

<b>Case Number:</b>	CM15-0103073		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	02/06/2015
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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 49 year old male who sustained an industrial injury on 02/06/2015. Mechanism of injury occurred while rolling a tarp the tarp got stuck and used the injured workers body to be bent in an awkward position causing injury to his right arm, neck and back. Diagnoses include musculoligamentous sprain cervical sprain with upper extremity radiculitis, musculoligamentous sprain of the thoracic spine, and musculoligamentous sprain of the lumbar spine with lower extremity radiculitis. Treatment to date has included diagnostic studies, and medications. X-rays of the lumbar spine were normal. X-rays of the right forearm were normal. X-rays of the cervical spine showed mild degenerative spurring at C2-3. X-rays of the thoracic spine revealed mild degenerative spurring in the mid and lower thoracic vertebral bodies. All x rays were from 02/06/2015. A physician progress note dated 04/03/2015 documents the injured worker complains of a stabbing sharp sensation with tingling in his neck, head pain, bilateral shoulder pain, and upper mid and lower back pain described as a tingling and sharp sensation. He has bilateral hand pain described as a numbness sensation and he has right foot pain. He has tenderness over the upper trapezius, levator scapulae, and rhomboids and over the C6-7. He has pain at the base of the neck with axial compression. There is hypesthesia of the right thumb. The lower back examination reveals difficulty with heel walking and there is tenderness over the lower thoracic area 4 inches right of L2. Lumbar extension is 8 degrees, lateral bending is 6 degrees on the right and 8 degrees on the left. Rotation is 22 degrees on the right and 18 degrees on the left. Straight leg raising in a sitting position is 35 degrees on the right and 30 degrees on

the left. There is positive Lasegue bilaterally. Treatment requested is for MRI for the cervical spine without contrast.

### **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 without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic and Treatment Considerations, page(s) 171-171, 177-179.

**Decision rationale:** Submitted reports have not shown any clinical findings of radiculopathy or neurological deficits consistent with any dermatomal distribution of radiculopathy or myelopathy. Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms are persistent; however, none are demonstrated here. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic study. The MRI for the cervical spine without contrast is not medically necessary and appropriate.