

<b>Case Number:</b>	CM15-0107079		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	11/12/2010
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53-year-old female, who sustained an industrial injury on 11/12/2010. She has reported subsequent neck, wrist and upper extremity pain and was diagnosed with chronic cervical strain, advanced degenerative disc disease at C6-C7, chronic left C5-C6 polyradiculopathy, mild bilateral carpal tunnel syndrome, and right paracentral herniation of C4-C7. Treatment to date has included medication, physical and occupational therapy, left elbow surgery involving a medial and lateral epidendylectomy and ulnar nerve transposition; and a home exercise program. In a progress note dated 05/14/2015, the injured worker complained of increased neck discomfort with some radiation into the bilateral shoulders, right greater than left. Objective findings were notable for decreased range of motion of the cervical spine, decreased sensation to pinprick in the medial aspect of the left hand, absent reflexes at the biceps, triceps and brachioradialis levels and tenderness of the trapezii bilaterally. The physician noted that the injured worker required an updated MRI of the cervical spine due to increased neck and bilateral upper extremity complaints. A request for authorization of MRI of the cervical spine without contrast was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) of the Cervical Spine, without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**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- Magnetic resonance imaging (MRI).

**Decision rationale:** MRI (magnetic resonance imaging) of the Cervical Spine, without contrast is medically necessary per the documentation and MTUS Guidelines and ODG . The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The May 2015 progress note states that the patient has a history of moderate right paracentral herniation at C6-7 per report from August 2012. The patient's increased cervical pain, depressed reflexes, decreased sensation in the medial left hand appear changed from prior progress notes and the fact that she has not completely improved from her elbow surgery. There request for a cervical MRI to evaluate progression of cervical pathology is medically necessary.