

<b>Case Number:</b>	CM15-0132579		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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 48 year old female, who sustained an industrial injury on March 13, 2014. The injured worker reported cumulative trauma in the neck, back and upper extremities due to lifting, bending and twisting. The injured worker was diagnosed as having cervical spondylosis with radiculopathy, left wrist carpal tunnel syndrome and multilevel lumbar disc bulge. Treatment to date has included x-rays, magnetic resonance imaging (MRI), physical therapy and injections. A progress note dated May 19, 2015 provides the injured worker complains of neck, shoulder blade, back, and wrist pain. She reports shoulder pain radiates down the left arm with numbness and tingling. Physical exam notes cervica, and trapezius muscle tightness with spasm, and decreased range of motion (ROM). There is tenderness of the carpal tunnel area with positive Tinel's and Phalen's test. The lumbosacral area and sacroiliac joints are tender on palpation with paraspinal spasm. There is decreased lumbar range of motion (ROM). There is a request for cervical and lumbar magnetic resonance imaging (MRI).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back chapter, Magnetic resonance imaging (MRIs).

**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 and Upper Back Chapter, MRI.

**Decision rationale:** The patient presents with neck pain radiating to the bilateral upper extremities with numbness and weakness, and low back pain radiating to the left lower extremity with numbness and weakness. The request is for MRI CERVICAL. Physical examination to the cervical spine on 05/12/15 revealed tenderness to palpation. Spurling's test was positive. Range of motion was 30% of normal. X-rays of the cervical spine dated 05/12/15 showed severe degenerative disc disease and disc collapse at C4 through C6. MRI of the cervical spine dated 04/13/14 showed 3 mm disc herniations at C4 through C6, causing severe stenosis. Patient's diagnosis, per 05/12/15 progress report include lumbar spine sprain/strain, left lower extremity radiculopathy, cervical spine sprain/strain, severe degenerative disc disease and disc collapse at C4 through C6, and left upper extremity cervical myelofasciopathy. Patient's work status is modified duties. 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. In this case, only two progress reports were provided. In progress report dated 05/12/15, treater states, "I am very concerned given the severe degenerative disc disease and disc collapse at C4 through C6 as well as the significant left greater than right upper extremity weakness, consistent with progressive myelopathy." The patient had an MRI on 4/13/14 that showed 3 mm disc herniations at C4 through C6, with severe stenosis. However, there is no documentation of progressive neurologic deficits with the exam showing benign findings. There is no documentation of weakness, gait or balance problems, hyper reflexes that have changed, etc. to warrant another set of MRI's. The request IS NOT medically necessary.

**MRI Lumbar:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Magnetic resonance imaging (MRIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRI.

**Decision rationale:** The patient presents with neck pain radiating to the bilateral upper extremities with numbness and weakness, and low back pain radiating to the left lower extremity with numbness and weakness. The request is for MRI LUMBAR. Physical examination to the lumbar spine on 05/12/15 range of motion was 50% of normal. MRI of the lumbar spine dated 04/18/14 showed a 6 mm disc herniation at L3/4. Patient's diagnosis, per 05/12/15 progress report include lumbar spine sprain/strain, left lower extremity radiculopathy, cervical spine sprain/strain, severe degenerative disc disease and disc collapse at C4 through C6, and left upper extremity cervical myeloradiculopathy. Patient's work status is modified duties. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, 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, and recurrent disc herniation). In progress report dated 05/12/15, treater states, "a prior disc herniation was shown of 6 mm at L3/4. Therefore, I recommend a new updated MRI of the lumbar spine." According to guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. This patient does not present with any of these. Therefore, the request IS NOT medically necessary.