

<b>Case Number:</b>	CM15-0140911		
<b>Date Assigned:</b>	08/20/2015	<b>Date of Injury:</b>	12/19/2000
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 46 year old female, who sustained an industrial injury on 12-19-00. The diagnoses have included history of cervical spine surgery, exacerbation of cervical spine pain, rule out disc protrusion, history of left shoulder tendinosis, history of left shoulder bursitis, status post left shoulder surgery times two, history of left elbow lateral epicondylitis, status post left wrist surgery, and left wrist pain. Treatment to date has included medications, activity modifications, off of work, diagnostics, surgery, physical therapy and other modalities. Currently, as per the physician progress note dated 6-12-15, the injured worker complains of pain in the neck, left shoulder and left elbow and pain and numbness in the left wrist. The pain in the neck is rated 10 out of 10 on the pain scale and has increased from previous 8 out of 10. The current medications included Norco and Tramadol. There are no previous diagnostic reports noted in the records. The objective findings-physical exam of the cervical spine reveals grade 3-4 tenderness to palpation over the paraspinal muscles, restricted range of motion and positive cervical compression test. The physician notes that the injured worker's physical therapy is being put on hold at this time. The physician requested treatments included 1 Magnetic Resonance Imaging (MRI) of the cervical spine and 1 X-Ray of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 MRI of the cervical spine: Upheld**

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

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

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for imaging of the neck and the request is not medically necessary.

## **1 X-Ray of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8 and 182.

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

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for imaging of the neck and the request is not medically necessary.