

<b>Case Number:</b>	CM15-0142036		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	05/13/2014
<b>Decision Date:</b>	09/28/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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:

This is a 60-year-old female who sustained an industrial injury on 05-13-2014. Diagnoses include neck pain. Treatment to date has included medications, physical therapy and home exercise. According to the First Report dated 6-17-2015, the IW (injured worker) reported aching, popping cervical pain with headaches on occasion. The pain was located in the left and right neck and bilateral shoulders; the pain was worse with looking up and down. She also reported weakness in the right and left arm, stiffness and pain with movement and radicular pain in the shoulders. She rated her pain 7 out of 10. Shoulder pain was rated 10 out of 10 and pain in the right hand and wrist was rated 7 out of 10. On examination, the cervical spine was painful to palpation over the C2-C3, C3-C4 and C4-C5 facet capsules bilaterally, secondary to myofascial pain with triggering and ropey, fibrotic banding bilaterally. Spurling's maneuver was positive bilaterally and Valsalva maneuver was negative bilaterally. Sensation to light touch was decreased in the C7 and C8 dermatomes on the left. Muscle strength was 4+ out of 5 in the bilateral shoulder abductors and adductors and the right wrist flexors and extensors. X-ray of the left shoulder on 10-14-2014 showed minimal degenerative change at the acromioclavicular joint with small osteophyte formation. A request was made for MRI of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Overturned

**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): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter under Magnetic resonance imaging.

**Decision rationale:** Based on the 6/17/15 progress report provided by the treating physician, this patient presents with toes that fall asleep when she walks, acute left knee swelling/tingling/numbness, and achy, popping cervical pain with headaches, bilateral arm weakness/stiffness/pain with movement with radicular pain to the shoulders and back pain located in the lumbar area with pain aching and shooting down legs. The treater has asked for MRI of the cervical spine on 6/17/15. The patient's diagnoses per request for authorization form dated 6/17/15 are industrial injury on 5/13/14 while on mechanical stroller while wheeler was stuck and flipped over head over heels, airborne with trauma to cervical spine, lumbar spine, shoulders, bilateral upper extremities, right thigh trauma, right knee injury, left foot being casted mitigated trauma during the roll over flip. 2. Modest treatments post trauma with diagnostic imaging, Physical therapy. 3. Most likely injuries involving cervical disk/facet complex, shoulder impingement, upper extremity neuropathic entrapment, lumbar disk/SI joint injuries on review of records and physical examination, imaging. The patient states that everyday use of hand/wrist doesn't change condition, but lifting worsens condition especially in the morning per 6/17/15 report. The patient's work status is not included in the provided documentation. ACOEM Chapter 8, pg. 177, 178: 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. Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). ODG Guidelines, Neck and Upper Back (Acute & Chronic) Chapter under Magnetic resonance imaging (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. The treater does not discuss this request in the reports provided. Review of the reports did not show any evidence of a cervical MRIs being done in the past. The utilization review letter dated 7/2/15 states that myofascial pain in both trapezius muscles originated from patient's fall over a year ago. Also, radicular pain in the shoulders from the neck, appears to be referred pain per UR letter from 7/2/15. As the pain appears to be myofascial, it is not necessary to have an MRI of

the cervical spine, per utilization review letter dated 7/2/15. However, neck exam reveals pain to palpation over C2 to C3, C3 to C4, and C4 to C5 facet capsules per 6/17/15 report. The S1, L5, C8, and C7 dermatomes demonstrate decreased light touch sensation on the left. Due to continued neurological symptoms (weakness, numbness) of the hand/wrist and arms with radicular pain in the neck/shoulder, this request appears to be reasonable and is supported by the guidelines. Therefore, the requested cervical MRI is medically necessary.