

<b>Case Number:</b>	CM15-0165932		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 54 year old female, who sustained an industrial injury on September 18, 2013, incurring head, neck, back and right shoulder injuries. Magnetic Resonance Imaging of the cervical spine in 2014 revealed severe degenerative disc disease. She underwent neck surgery in April 2014 with no relief. She was diagnosed with a closed head injury with concussion, cervical strain, cervical spondylosis, brachial neuritis and cervical spinal stenosis, right shoulder impingement and depression following closed head trauma. Treatment included physical therapy, acupuncture, topical analgesic ointment, pain medications, and activity restrictions. Currently, the injured worker complained of headaches in the right side of her head radiating into her right eye, neck pain increasing when turning her head, right shoulder pain with decreased mobility and depression with a personality change. The treatment plan that was requested for authorization included a Magnetic Resonance Imaging 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 Cervical Spine with Contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, under Magnetic resonance imaging.

**Decision rationale:** The current request is for an MRI Cervical Spine with Contrast. The RFA is dated 08/04/15. Treatment history included cervical spine surgery on April 2014, physical therapy, acupuncture, topical analgesic ointment, pain medications, and activity restrictions. MTUS/ACOEM Guidelines, Chapter 8, Neck and Upper back Complaints Chapter under Special Studies Section, 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, Neck and Upper Back chapter, under Magnetic resonance imaging (MRI) has 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. Per report 08/04/15, the patient presents with chronic neck and shoulder pain, and headaches. Examination of the cervical spine revealed TTP throughout the c spine, Loss of motion, 4/5 bilateral UE. The treater states given the patient's persistent and increased functional loss, request MRI with contract. The patient is s/p cervical discectomy on April 8, 2014 and presents with continued neck pain. Post operatively, the patient participated in PT and underwent a CT scan of the c-spine on 10/21/14 which showed no significant abnormalities, and C5-7 anterior and interbody fusion without evidence of loosening. The patient presents with persistent neck pain with functional loss, decreased ROM and 4/5 strength. There is no indication of a MRI following the cervical discectomy on April 8, 2014. An MRI for further investigation appears reasonable. This request IS medically necessary.