

<b>Case Number:</b>	CM15-0185162		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	04/02/1998
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Texas, California

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:

This is a 56 year old female patient, who sustained an industrial injury on 4-02-1998. The diagnoses include chronic cervical spine pain and headache, tension type. The note dated 8/11/15 was not fully legible. Per the doctor's note dated 8-11-2015, she had complains of neck pain and headache and documented "symptoms are unchanged". It was documented that she was seen by the employer's physician regarding functional capacity for work. The physical examination revealed cervical tenderness and full ROM. Objective findings were limited and difficult to decipher. She was to remain off work until employer evaluation yields accommodations for employment. Per the note dated 3/4/15, the medications list includes Imitrex and ibuprofen. The Request for Authorization dated 8-11-2015, was for magnetic resonance imaging of the cervical spine (persistent pain). A prior diagnostic study report was not specified in the records provided. Other therapy done for this injury was not specified in the records provided. She has had a cervical MRI dated 9/11/15 which revealed interval degenerative progression of C3-4 disc to moderate -severe discogenic disease, with the development of a 4 mm left paracentral disc-osteophyte complex that contacts the left ventral aspect of the cord, C5-6 progression of a right paracentral/foraminal 4mm disc-osteophyte complex, interval development of a 2mm central posterior disc-osteophyte complex at C2-3 level; unchanged C4-5, C6-7 and C7-T1 levels. Utilization Review non-certified the requested magnetic resonance imaging of the cervical spine on 8-17-2015.

## **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: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI Neck.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, 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." The ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, Not recommended: Imaging before 4 to 6 weeks in absence of red flags." A detailed legible cervical spine examination is not specified in the records provided. The records provided did not specify any progression of neurological deficits in this patient. Findings indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. The response to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. A recent cervical spine A X-ray report is not specified in the records provided. A prior diagnostic study report is not specified in the records provided. The medical necessity of MRI of the cervical spine is not fully established for this patient at this time.