

<b>Case Number:</b>	CM15-0186644		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: 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:

This is a 35 year old male with a date of injury on 5-15-2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervical facet arthropathy, rule out cervical radiculopathy, lumbar facet arthropathy and myofascial pain. According to the initial pain management evaluation dated 6-12-2015, the injured worker complained of neck pain. He also complained of low back pain, bilateral shoulder pain and right small finger pain. He reported numbness and tingling of the upper and lower extremities. He also complained of loss of bladder control since 2014 and erection problems since 2013. Per the physical therapy evaluation dated 8-10-2015, the injured worker presented with limited range of motion, weakness and decreased function secondary to pain. Per the treating physician (6-12-2015), the injured worker has not returned to work. The physical exam (6-12-2015) revealed cervical range of motion limited by pain. There were trigger points palpated in the trapezius and bilateral supraspinatus muscles. Spurling's sign was positive on the left side. Cervical facet tenderness was noted in the bilateral C5-C6, C6-C7 facets. There was decreased sensation to pinprick in the right upper extremity. Treatment has included physical therapy, and medications (Gabapentin, Nortriptyline, Norco and Flexeril). The original Utilization Review (UR) (8-20-2015) denied a request for magnetic resonance imaging (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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**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 fail 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 cervical spine and the request is not medically necessary.