

<b>Case Number:</b>	CM15-0189773		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	10/30/1998
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, Hawaii

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 56 year old female, who sustained an industrial injury on 10-30-98. The injured worker is being treated for cervical spine strain, right sided cervical radiculopathy, thoracic spine strain, lumbar spine strain, right ankle sprain, bilateral wrist strain and right carpal tunnel syndrome. (MRI) magnetic resonance imaging of cervical spine performed on 8-23-15 revealed disc desiccation of entire cervical spine, modic endplate degenerative changes at C5-6, focal central disc herniation with annular fissure and craniocaudal extrusions at C3-4 and C4-5, broad based disc herniation which abuts the anterior aspect of the spinal cord at C5-6 and straightening of the normal cervical lordosis. Treatment to date has included oral medications including Celebrex and Aspirin; activity modifications and home exercise program. On 8-19-15, the injured worker complains of pain, tenderness, limitation of motion and weakness in the cervical spine with radiation into bilateral shoulders and upper back with numbness and tingling in right upper extremity; pain, tenderness, limitation of motion and weakness in thoracic spine; pain, tenderness, limitation of motion and weakness in lumbar spine and pain, weakness, tenderness and limitation of motion in bilateral wrists with numbness and tingling in digits of right hand. She is currently not working. Physical exam performed on 8-19-15 revealed tenderness to palpation over the upper, mid and lower paravertebral and trapezius muscles of cervical spine with limited range of motion; tenderness to palpation over the upper, mid and lower paravertebral muscles with mild limitation of motion, normal right and left shoulder exam and tenderness to palpation over the flexor-extensor compartment and carpal canal with full range of motion of bilateral wrists and tenderness to palpation over the upper, mid and lower

paravertebral muscles of lumbar spine with restricted range of motion due to pain. The treatment plan consisted of a request for authorization for (MRI) magnetic resonance imaging of the cervical spine and (EMG) Electromyogram studies of upper extremities. On 9-3-15 request for (MRI) magnetic resonance imaging of cervical spine was non-certified by utilization review.

### **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), Neck and upper back (Acute & Chronic) - Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Neck, MRIs (magnetic resonance imaging).

**Decision rationale:** The patient presents with diagnosis that include cervical spine strain, right sided cervical radiculopathy, thoracic spine strain, lumbar spine strain, right ankle sprain, bilateral wrist strain and right carpal tunnel syndrome. An MRI dated 8/23/15 (20A) of the cervical spine revealed disc desiccation of entire cervical spine, modic endplate degenerative changes at C5-6, focal central disc herniation with annular fissure and craniocaudal extrusions at C3-4 and C4-5, broad based disc herniation which abuts the anterior aspect of the spinal cord at C5-6 and straightening of the normal cervical lordosis. The patient currently complains of pain, tenderness, limitation of motion and weakness in the cervical spine with radiation into bilateral shoulders and upper back with numbness and tingling in right upper extremity; pain, tenderness, limited motion and weakness in thoracic and lumbar spine and pain, weakness, tenderness and limitation of motion in bilateral wrists with numbness and tingling in digits of right hand. The current request is for MRI of the cervical spine. The treating physician states in the treating report dated 8/19/15 (31A), "Authorization for MRI of the cervical spine is requested based upon medically reasonable treatment requirements." ACOEM and MTUS guidelines do not address repeat MRI scans. ODG states, Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, a comprehensive physical examination was not provided nor did the report included for review state the rationale for the request. The treating physician has not documented a significant change in symptoms or findings suggestive of significant pathology. Finally, an MRI of the cervical spine dated 8/23/15 (20A) was included in the clinical history and thus this request, to be evaluated effectively, should have been submitted as a retrospective request or as a repeat MRI request. Given the limited clinical history provided the reviewer is unsure if the treating physician is seeking a repeat MRI of the cervical spine or if the physician is seeking a retrospective approval. The current request is not medically necessary.