

<b>Case Number:</b>	CM15-0192681		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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 36 year old female patient, who sustained an industrial injury on 11-2-12. She sustained the injury due to repetitive work. The diagnoses include cervical spine radiculitis, lumbar spine radiculitis and cervical disc disease. Per the doctor's note dated 7-31-15, the patient had complains of constant cervical spine pain rated 7-9 out of 10, described as stiff, achy pressure with radiation to bilateral shoulders, trapezius, biceps, arms and midback and shoulder blades; and low back pain with radiation to buttocks, posterior thighs, calves and plantar feet. She is currently not working. She has paid for all treatment out of pocket. Physical exam revealed restricted cervical range of motion, right sided spasms with bilateral tenderness and decreased sensation in left upper extremity, 4/5 strength in the bilateral upper extremities due to pain and restricted lumbar spine range of motion with positive bilateral straight leg raise, and decreased sensation, 4/5 strength due to pain. The medications list includes tylenol and OTC patches. She has had (MRI) magnetic resonance imaging of cervical spine dated 6-17-13 which revealed disc bulge at C2-3, C3-4, C4-5 and C7-T1 extending into left neuroforamina and at C3-7 extending into left paracentral left into left neuroforamina with a marked mass effect on left lateral cord; EMG/NCS dated 10/29/13 which revealed mild left cubital tunnel syndrome; cervical spine X- ray dated 7/31/15 which revealed straight lordosis and mild spurring at C5-6. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, activity modifications and therapeutic massage. On 7-31-15 a request for authorization was submitted for (MRI) magnetic resonance imaging of cervical spine. On 9-21-15 request for cervical spine (MRI) magnetic resonance imaging 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, Section(s): Special Studies.

**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) Chapter: Neck & Upper Back (updated 06/25/15) Magnetic resonance imaging (MRI).

**Decision rationale:** MRI of the cervical spine. The ACOEM guidelines 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." The records provided did not specify any progression of objective 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. She has had (MRI) magnetic resonance imaging of cervical spine dated 6-17-13 which revealed disc bulge at C2-3, C3-4, C4-5 and C7-T1 extending into left neuroforamina and at C3-7 extending into left paracentral left into left neuroforamina with a marked mass effect on left lateral cord. Per ODG neck/ upper back guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Significant changes in signs and symptoms since the previous MRI/diagnostic studies were not specified in the records provided. Evidence of failure of recent conservative therapy including pharmacotherapy was not specified in the records provided. The request for MRI of the cervical spine is not medically necessary.