

<b>Case Number:</b>	CM15-0194945		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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 55 year old male who sustained an industrial injury September 5, 2014. According to a primary treating physician and physician assistant's jointly signed progress report dated September 21, 2015, the injured worker presented with the same severe neck pain, rated 8 out of 10 without medication, and 5 out of 10 with medication. He is working his customary and usual job. His stimulation unit and physical therapy have been denied and he is pending an MRI of the cervical spine. Current medication included Tramadol and Cyclobenzaprine. Objective findings included; normal reflex, sensory and power testing to the bilateral upper and lower extremities; mildly antalgic gait, can heel and toe walk bilaterally; positive cervical and lumbar tenderness, muscle spasms noted in the paraspinal musculature; cervical spine range of motion decreased by 10%; lumbar spine range of motion decreased by 20%; femoral stretch negative bilaterally, Lhermitte's and Spurling's negative, Babinski's are downward bilaterally. The physician documented impressions of a C-spine June 8, 2015, as spondylosis, lumbosacral spondylosis, bilateral shoulders within normal limits; MRI lumbar spine February 18, 2015 degenerative disc disease with HNP (herniated nucleus pulposus) L4-5 and L5-S1(report present in the medical record). Diagnoses are cervical strain; lumbar strain; HNP L4-5 and L5-S1. At issue, is the request for authorization for a cervical MRI. According to utilization review dated September 29, 2015, the request for an MRI of the cervical spine is non-certified.

### 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, Neck and Upper back-MRI.

**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 chapter, under Magnetic Resonance Imaging.

**Decision rationale:** The patient presents on 09/21/15 with cervical spine pain rated 5/10 with medications, 8/10 without. The patient's date of injury is 11/05/14. Patient is status post has no documented surgical history directed at this complaint. The request is for MRI of the cervical spine. The RFA was not provided. Physical examination dated 09/21/15 reveals normal reflex, sensation, and strength in the bilateral upper and lower extremities, tenderness to palpation of the cervical and lumbar spine with spasms and decreased cervical range of motion noted. The patient's current medication regimen is not provided. Patient is currently working. MTUS/ACOEM Guidelines, Neck Complaints, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." Official Disability Guidelines, Neck chapter, under Magnetic Resonance Imaging has the following: Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. 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). Indications for imaging -- MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; Neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. In regard to the MRI of the cervical spine, the requesting physician has not provided evidence of progressive neurological deficit. In this case, the patient presents with significant chronic cervical spine pain without a radicular component. There is no evidence in the records provided that this patient has had any MRI imaging of the cervical spine to date. Per progress note dated 09/21/15, the provider notes that this patient's pain "has been about the same" and notes intact reflexes, neurological function, and strength in the bilateral upper extremities. MTUS Guidelines require unequivocal objective findings of specific nerve root compromise in order to justify MRI imaging. While this patient presents with significant unresolved cervical spine pain, without documentation of progressive neurological deficit or other "red flags" which are clearly indicative of significant cervical pathology or neurological insult, the request for MRI imaging cannot be substantiated. Therefore, the request is not medically necessary.