

<b>Case Number:</b>	CM15-0196748		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	07/23/1999
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

### 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 44-year-old female, with a reported date of injury of 07-23-1999. The diagnoses include neck pain, cervical radiculopathy, thoracic intervertebral disc disorder with radiculopathy, cervical intervertebral disc disorder with displacement, cervical intervertebral disc disorder with radiculopathy, cervical spine stenosis, and localized primary vertebral cervical osteoarthritis. Treatments and evaluation to date have included Kadian, Lidoderm patches, Soma, Voltaren gel, anterior cervical fusion, and cervical spine reconstruction. Not all diagnostic studies to date have been included in the medical records provided. The visit note dated 09-18-2015 indicates that the injured worker had residual neck discomfort, interscapular pain, shoulder pain, headaches, and radiating pain into the left upper extremity, upper arm, and hand. She continued to have weakness and paresthesias in the bilateral hands and fingers. It was noted that the injured worker had ongoing neck pain and upper extremity radiculopathy, likely secondary to adjacent segment breakdown. The physical examination showed tenderness to palpation of the neck and mid back with well-healed incisions; forward flexion of the neck to 20 degrees; extension of the neck to 15 degrees; and decreased sensation in the thumb, index finger, and ring finger in the left upper extremity. The treating physician recommended MRIs of the cervical and thoracic spine due to the tendency of symptoms. It was noted that the injured worker had not worked since 1999, and the treating physician stated that "it is likely not liable she will ever return to work". Examination on 3-16-2015 did show weakness and a positive spurling's in the upper extremity not present on the note dated 9-18-2015. A different physician did not note those findings in physical examination on 3-31-2015. A different practitioner from

the prior two also did not note weakness or sensory loss in physical examination on 9-23-2015. The treating physician requested an MRI of the cervical spine and an MRI of the thoracic spine. On 09-25-2015, Utilization Review (UR) non-certified the request for an MRI of the cervical spine and an MRI of the thoracic spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **1 MRI of 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) (2015).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, MRI.

**Decision rationale:** Regarding the request for 1 MRI of cervical spine, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend 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, and recurrent disc herniation). Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no consistent documentation of clear-cut neurologic findings. In the absence of such documentation the requested 1 MRI of cervical spine is not medically necessary.

#### **1 MRI of the thoracic 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) (2015).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria, Special Studies, Surgical Considerations, and Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging), Neck Chapter, MRI.

**Decision rationale:** Regarding the request for 1 MRI of the thoracic spine, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and

for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. 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, and recurrent disc herniation). ODG states MRI is indicated for thoracic spine trauma: with neurological deficit and upper back/thoracic spine trauma with neurological deficit. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no consistent documentation of clear-cut neurologic findings. In the absence of such documentation the requested 1 MRI of the thoracic spine is not medically necessary.