

<b>Case Number:</b>	CM15-0206704		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 63 year old female, who sustained an industrial injury on 2-4-13. The injured worker was being treated for chronic pain, lumbar radiculopathy, status post C5-6 cervical fusion and adjacent segment degeneration. Records dated 8-3-15 and 9-10-15 were reviewed, the injured worker complains of right arm pain and numbness down to the wrist; the pain is gradually increasing and is moderate; she rates the pain 5-7 out of 10; and on 9-10-15 she complained of intermittent neck pain radiating down bilateral upper extremity and low back pain which radiates down the left lower extremity accompanied by numbness intermittently, with difficulty sleeping; she rates the pain 2 out of 10 with medications and 7 out of 10 without medications. She notes the pain is relieved with rest, lying down and Advil. Physical exam performed on 8-3-15 revealed restricted range of motion of cervical spine with intact sensation to all upper extremities and exam performed on 9-19-15 revealed tenderness upon palpation in L5- S1 with moderately restricted lumbar range of motion. MRI dated 5-20-13 revealed C5-6 herniated pulposus, the MRI was completed prior to the cervical fusion. Treatment to date has included physical therapy, anterior cervical fusion, oral medications including Advil and Norflex. Documentation did not include x-ray studies of cervical spine. The treatment plan included MRI of cervical spine with a follow up appointment. On 9-18-15 request for authorization was submitted for cervical MRI without contrast. On 9-24-15 request for MRI 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 Cervical without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation ODG.

**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 and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging.

**Decision rationale:** The 63 year old patient complains of neck pain radiating to upper extremity, headaches, difficulty sleeping, low back pain radiating to the left lower extremity, as per progress report dated 09/10/15. The request is for MRI CERVICAL WITHOUT CONTRAST. The RFA for this case is dated 09/18/15, and the patient's date of injury is 02/04/15. The pain is rated at 2/10 with medications and 7/10 without medications, as per progress report dated 09/10/15. Diagnoses included chronic pain syndrome, lumbar radiculopathy, and Diabetes mellitus. Medications included Advil, Atenolol, Metformin, Nexium, Tylenol and Hctz. The patient is status post ACDF at C5-6 in August, 2013, as per progress report dated 08/03/15. Diagnoses, as per progress reports dated 06/06/15, included cervicalgia, lumbago and carpal tunnel syndrome. The patient is retired, as per progress report dated 09/10/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under Special Studies and Diagnostic and Treatment Considerations states: "Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist." ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging states: Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit. In this case, a cervical MRI, dated 05/28/13 reviewed in progress report dated 08/03/15, revealed C5-6 paramedian disc herniated nucleus pulposus with foraminal stenosis. The patient underwent ACDF at C5-6 in August, 2013 under supervision of [REDACTED] as per the same progress report. She has, however, continued to complain of neck pain and numbness and pain in right arm and hand. [REDACTED] is, therefore, considering doing a fusion above and below the previous ACDF. The patient visited [REDACTED] for a second opinion. The request for cervical MRI is noted in progress report dated 08/03/15 from [REDACTED]. The treater states MRI will help evaluate for degenerative disc herniation. While the report documents cervical radicular pain, physical examination revealed intact sensation and 5/5 strength in bilateral upper extremities. However, as per progress report dated 06/06/15 from [REDACTED] physical examination revealed numbness and tingling along the C6 and C7 dermatomal patterns along with asymmetric triceps reflexes and positive Spurling's test. Given the neurologic deficits, chronic pain, and possibility of a surgical intervention, the request for an MRI appears reasonable and IS medically necessary.

