

<b>Case Number:</b>	CM15-0209157		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	02/23/2011
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 56 year old male, who sustained an industrial injury on 2-23-2011. Diagnoses include status post cervical disc disease, lumbar strain, right rotator cuff tear, status post right shoulder repair, and status post left shoulder surgery on 12-5-14. Treatments to date include activity modification, medication therapy, and physical therapy, and lumbar spine epidural steroid injections. The records indicated he was complaining of pain in bilateral upper extremities, neck and low back with radiation to lower extremities for over one year. He had recently undergone lumbar epidural steroid injections and had been awaiting approval for a cervical spine MRI. The progress note dated 6-11-15, documented "Patient has been approved for cervical MRI, but has not received a call back as to when it will happen." The physical examination documented decreased cervical range of motion and trigger points were noted in bilateral trapezius muscles. Re-evaluation on 7-22-15 documented there was subjective complaints of numbness in bilateral 4th and 5th digits and pain in the neck. He continued to complain of ongoing pain in the low back, neck, and wrist. On 8-25-15, ongoing symptoms and similar physical findings prompted the provider to order a cervical spine MRI STAT. The records did not indicate if or when a prior cervical radiological imaging had been obtained. The appeal requested authorization for a cervical spine MRI. The Utilization Review dated 10-8-15, denied the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI (Magnetic resonance imaging) 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 (ODG), Indications for MRI (Magnetic resonance imaging).

**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 section, MRI cervical spine.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, MRI (Magnetic resonance imaging) Cervical Spine is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. 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 with 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 a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. 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, and recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are L4 - L5 herniation 1 mm, DDD, foramen - narrow moderate - severe, radiculopathy along right S1 dermatome with sensory deficit; and L3 - S1 herniations, 3 - 4 mm, foramen narrowing, radiculopathy right leg. Date of injury is February 23, 2011. Request for authorization is September 28, 2015. According to an August 25, 2015 progress note, subjectively, the injured worker is presenting for follow-up of low back pain. Injured worker is status post lumbar ESI August 17, 2015. The treating provider is waiting for authorization for a cervical spine MRI. There are physical therapy progress notes in the medical record. There is no documentation of physical therapy to the cervical spine in the medical record. There are no subjective symptoms of the neck/cervical spine in the medical record progress note. Objectively, there is decreased range of motion lumbar spine with a positive straight leg raising and decreased sensation in the L5 dermatome. There is no cervical spine examination. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. There is no documentation of conservative treatment to the cervical spine. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of conservative treatment to the cervical spine, and no unequivocal objective neurologic findings, MRI (Magnetic resonance imaging) Cervical Spine is not medically necessary.