

<b>Case Number:</b>	CM15-0024309		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	09/18/2008
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 was a 65 year old male, who sustained an industrial injury, September 18, 2008. According to progress note of December 3, 2014, the injured workers chief complaint was postoperative pain in the neck and weakness around the left shoulder girdle. The left shoulder girdle has been slow to recover although there was notable improvements, particularly recently with the therapy. The physical exam noted decreased strength in the deltoid, bicep and external rotator when compared to the right. The injured worker was diagnosed with cervical stenosis and myelopathy, status post anterior decompression and fusion from C3 through C6, residual postoperative cervical radiculopathy and palsy, possible cervical pseudoarthritis with migration of anterior hardware. The injured worker previously received the following treatments surgery, postoperative physical therapy, AP and lateral cervical spine x-rays which noted a slight displacement of the screw at C6-C7 anteriorly which was suggestive of incomplete arthrodesis. There was interval change compared to x-rays taken in July. On December 9, 2014, the primary treating physician requested authorization for MRI without contrast of the cervical spine. On December 18, 2014, the Utilization Review denied authorization for MRI without contrast of the cervical spine. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without Contrast of Cervical Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition (2004) pages 177-179

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182, Chronic Pain Treatment Guidelines Neck and Upper Back, Magnetic resonance imaging (MRI).

**Decision rationale:** ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure." ODG states, "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." 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. Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. Chronic neck pain, radiographs show bone or disc margin destruction- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal". Known cervical spine trauma: equivocal or positive plain films with neurological deficit- Upper back/thoracic spine trauma with neurological deficit" The treating physician has not provided evidence of red flags to meet the criteria above and there is no evidence in the medical record of a new neurological abnormality. The patient also had an MRI on 7-5-14 which showed narrowing at C3-4, C4-5, C5-6 and C6-7 but was limited by artifact. AP and Lateral cervical spine x-ray from 12-3-14 are reported to show slight displacement of screw at C6-7 anteriorly. The requesting provider is awaiting at CT scan of the neck to evaluate evidence of arthrodesis and evaluate the C7 screws. It is unclear what additional indication or information the MRI would provide. The UR recommended awaiting the results of the CT scan which is reasonable. At this time, the request for MRI without contrast cervical spine is not medically necessary.