

<b>Case Number:</b>	CM15-0210123		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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:

This 57 year old female sustained an industrial injury on 11-22-13. Documentation indicated that the injured worker was receiving treatment for cervicalgia, lumbar sprain and strain, and carpal tunnel syndrome. Previous treatment included physical therapy, H-wave, injections, epidural steroid injections and medications. In a PR-2 dated 3-23-15, the injured worker complained of worsened neck pain with radiation to the right upper extremity. The injured worker stated that benefits from a previous injection had now worn off. Physical exam was remarkable for cervical spine with tenderness to palpation bilateral, left-sided spasms and decreased sensation to the entire right upper extremity noted to be "non-dermatomal" with range of motion: flexion 50 degrees, extension 50 degrees, left rotation 70 degrees, right rotation 30 degrees, left lateral bend 35 degrees and right lateral bend 20 degrees. In a PR-2 dated 9-11-15, the injured worker complained of cervical spine and right shoulder pain, rated 8 out of 10 on the visual analog scale, with radiation to the left lateral arm past the elbow. The injured worker stated that she was unable to raise her arms due to shoulder pain and had increased difficulty lifting her arms overhead due to neck pain. The injured worker also reported having a burning sensation in the palm of her right hand as well as right hand swelling. Physical exam was remarkable for cervical spine with tenderness to palpation bilaterally, left sided spasms, decreased sensation to the entire right upper extremity noted to be "non-dermatomal" with range of motion: flexion 50 degrees, extension 50 degrees, left rotation 60 degrees, right rotation 30 degrees, left lateral bend 35 degrees and right lateral bend 20 degrees. The physician documented that electromyography and nerve conduction velocity test of bilateral upper

extremity (4-11-14) showed moderate bilateral carpal tunnel syndrome. Magnetic resonance imaging cervical spine (5-28-14) showed disc bulges at C3-4, C4-5, C5-6 and C6-7. The treatment plan included requesting authorization for magnetic resonance imaging lumbar spine and cervical spine due to worsening symptoms with increased radiculitis and a home transcutaneous electrical nerve stimulator unit trial. On 9-22-15, Utilization Review noncertified a request for magnetic resonance imaging cervical spine.

### **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:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for imaging - 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 and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging.

**Decision rationale:** The 57 year old patient complains of pain in cervical spine and right shoulder, rated at 8/10, along with radiating pain in left lateral arm past elbow, swollen right hand, itchiness under the right armpit, burning sensation in the right palm, weakness in bilateral hands, and 8/10 lumbar pain radiating to right lower extremity, as per progress report dated 09/11/15. The request is for MRI OF THE CERVICAL SPINE. There is no RFA for this case, and the patient's date of injury is 11/22/13. Diagnoses, as per progress report dated 09/11/15, included cervical disc herniation, cervical strain, cervical radiculitis, right shoulder rotator cuff tear, thoracic strain, right wrist contusion, lumbar strain, lumbar spondylolisthesis at L3-4, lumbar disc herniation, lumbar degenerative joint disease, bilateral carpal tunnel syndrome, and chronic pain syndrome. The patient is status post right shoulder rotator cuff repair and status post right carpal tunnel release. Medications included Ultracet, Atenolol, Meloxicam, Gabapentin, Lidoderm patch, and Voltaren gel. Diagnoses, as per progress report dated 09/04/15, included sprain/strain for cervical region, sprain/strain of thoracic region, sprain/strain of the lumbar region, and contusion of wrist. The patient is not working, as per progress report dated 09/11/15. 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, the patient had an MRI of the cervical spine on 05/28/14. The treater is a requesting for a repeat study as the patient is having worsening symptoms since with increased radiculitis. The prior MRI revealed straight lordosis and disc bulges at C3-4, C4-5, C5-6 and C6-7, as per the same progress report. As per progress report dated 10/23/15 (after the UR denial date), the patient underwent an MRI on 10/08/15 which revealed diffuse disc desiccation at C3-4, C4-5 and C5-6 with mild central canal narrowing. The patient has been complaining of cervical spine pain radiating to left lateral arm past elbow. Physical examination of the cervical spine revealed bilateral tenderness, spasms on the right, and decreased sensation in the right upper extremity, as per progress report dated 09/11/15 (which includes the request). While the patient does appear to have radiating pain and neurologic deficits, ODG allows for repeat MRIs only if there has been a recent surgery, new injury, progression of neurologic deficit or in presence of specific red flags. The reports do not provide any such detail. Given the lack of relevant documentation, the request IS NOT medically necessary.