

<b>Case Number:</b>	CM15-0210865		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	08/21/2013
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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 56 year old man sustained an industrial injury on 8-21-2013. Diagnoses include chronic low back pain possible secondary to lumbar degenerative joint disease and rule out cervical spinal stenosis. Treatment has included oral medications and a back brace. Physician notes dated 9-21- 2015 show complaints of chronic low and upper back pain. The physical examination shows mild sacroiliac joint tenderness. Recommendations include Medrol dose pack then start Naprosyn, cervical spine MRI, consider lumbar surgery. Utilization Review denied a request for cervical spine MRI on 10-2-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical:** Upheld

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

**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:** Based on the 9/21/15 progress report provided by the treating physician, this patient presents with low back pain and upper back pain radiating up to his neck, but with no leg pain. The treater has asked for MRI CERVICAL on 9/21/15. The request for authorization was not included in provided reports. The patient also has pain in the shoulders per 4/11/15 report. The patient has no numbness/tingling/weakness in the lower extremities, or bowel/bladder disturbances per 9/21/15 report. The patient is s/p lumbar MRI which shows L4-5 degenerative disc disease but no herniation, no spondylolisthesis, no stenosis per 9/21/15 report. An EMG/NCV of the lower extremities on 1/10/14 showed right sided radiculopathy involving the L5 and S1 nerve roots per 8/14/15 report. The patient is s/p physical therapy which was not helpful, acupuncture and chiropractic treatments which both helped, TENS, home exercise program per 8/14/15 report. The patient is currently taking Naproxen, Neurontin, Tramadol, and Prilosec per 9/21/15 report. The patient is currently working but with significant pain, and while wearing a back brace which is helpful per 9/21/15 report. 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-TWC, 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. The treater does not discuss this request in the reports provided. Review of the reports do not show any evidence of prior cervical MRIs. The patient presents with chronic neck/back pain and right cubital tunnel syndrome of unclear etiology per 7/10/15 report. The patient's cervical spine pain originates from 2 prior work injuries in 2004 and 2007 from which his neck crepitation developed and persisted. While the included reports document cervical pain and shoulder pain, the physical examination per 9/21/15 report revealed full range of motion of the neck, and no evidence of neurologic deficit in the upper extremities. Review of reports dated 3/23/15 to 9/21/15 do not show any neurologic deficits in the upper extremities or evidence of other deficits of the cervical spine upon physical examination. There is no evidence that a surgical intervention is being planned for the cervical spine, either. The current request for a cervical MRI is not in accordance with guidelines. Hence, the request IS NOT medically necessary.