

<b>Case Number:</b>	CM15-0035933		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	07/01/2005
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 59 year old female, who sustained an industrial injury on 07/01/2005. The diagnoses have included cervical spondylosis, lumbar spondylosis, and chronic pain syndrome. Noted treatments to date have included injections, physical therapy, and medications. No MRI report noted in received medical records. In a progress note dated 01/09/2015, the injured worker presented with complaints of pain in the neck, shoulders, and arms, as well as the lower back that radiates all the way down the left leg. The treating physician reported needing a cervical and lumbar MRI to review to rule out some stenotic lesion. Utilization Review determination on 02/06/2015 non-certified the request for MRI of the Cervical Spine citing Medical Treatment Utilization Schedule Guidelines.

### 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, quantity 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Neck and Upper Back chapter, MRI.

**Decision rationale:** The patient presents with chronic neck and low back pain. She is status post cervical fusion on 4/14/11. Examination revealed positive Tinel's, Phalen's and compression test. The patient states that her bilateral carpal tunnel symptoms are worsening. The current request is for MRI OF THE CERIVCAL SPINE QUANTITY 1. The Request for Authorization is dated 2/3/15. ACOEM Guidelines chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG-TWC Neck and Upper Back section, under MRI states "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient has had an EMG on 10/28/10 which showed evidence of right C6 and C7 radiculopathy with no evidence of right upper extremity plexopathy or mononeuropathy. The patient also had an MRI of the cervical spine on 7/5/11 which revealed solid anterior fusion with hardware at C3-4, C4-5 and C5-6 with mild degeneration without stenosis or herniation. The available medical records do not provide unequivocal findings that identify specific nerve compromise. There is no reported significant change in symptoms or findings that would warrant a repeat MRI. The request is not in accordance with MTUS/ACOEM guidelines for special studies, and does not meet the ODG guidelines for repeat MRI. The request for repeat cervical MRI IS NOT medically necessary.