

<b>Case Number:</b>	CM15-0046732		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	10/02/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 33 year old female who sustained an industrial injury on 10/02/2013. Current diagnoses include cephalgia, cervicgia, cervicobrachial syndrome, bilateral shoulder impingement syndrome, rule out carpal tunnel syndrome, lumbago, and lumbar radiculitis/neuritis. Previous treatments included medication management, physical therapy. Diagnostic studies included cervical spine MRI on 11/25/2013, CT scans, and x-rays. Report dated 02/06/2015 noted that the injured worker presented with complaints that included nasal pain, continuous neck pain, and intermittent low back pain. Pain level was rated as 7 out of 10 for the nasal pain, 9 out of 10 for the neck pain, and 8-9 out of 10 for the low back pain on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included prescriptions for naproxen sodium, Tylenol #3, Tramadol, Biofreeze, pantoprazole sodium DR, gabapentin, amitriptyline 10% and bupivacaine 5% cream, flurbiprofen 20%, Baclofen 10%, dexamethasone 2% cream, request for MRI of the cervical spine, bilateral shoulder, thoracic spine, and lumbar spine, request for EMG/NCV of the upper extremity and lower extremities for weakness, request for the injured worker to obtain initial functional capacity evaluation for cervical spine, bilateral shoulder, thoracic spine, and lumbar spine, request for physical therapy for cervical spine, bilateral shoulder, thoracic spine, and lumbar spine, request for acupuncture for the cervical spine, bilateral shoulder, thoracic spine, and lumbar spine, request for durable medical equipment in the form of muscle stimulator unit for the cervical and lumbar spine or cold pack for cervical spine, and request for urinalysis.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)'.  
The request is for Cervical MRI. The RFA for the case is dated 02/13/15, and the patient's date of injury is 10/02/13. Diagnoses, as per progress report dated 02/06/15, included Cephalgia, cervicobrachial syndrome, bilateral shoulder impingement syndrome, r/o carpal tunnel syndrome, lumbago and lumbar radiculopathy. The patient is temporarily totally disabled, as per the same progress report. 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 Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. (2) Neck pain with radiculopathy if severe or progressive neurologic deficit. (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. (5) Chronic neck pain, radiographs show bone or disc margin destruction. (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit. (8) Upper back/thoracic spine trauma with neurological deficit. ODG guidelines also state that "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, recurrent disc herniation)." In this case, the patient suffers from pain in the cervical spine rated at 9/10, as per progress report dated 02/06/15. Although the treating physician is requesting for a cervical MRI, there is no documentation of neurological deficit in the cervical spine for which MRIs are indicated. Hence, the request is not medically necessary.