

<b>Case Number:</b>	CM15-0046795		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 45 year old female, who sustained an industrial injury on 11/27/2013. She has reported an injury in the pool resulting in neck pain. The diagnoses have included cervical spine strain with radicular complaints and headaches/dizziness. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and physical therapy. Currently, the IW complains of intermittent moderate to severe neck pain associated with tingling sensations in upper arms, headaches and occasional dizziness. The physical examination from 1/22/15 documented tenderness to palpation along paracervical and trapezius muscles and decreased cervical Range of Motion (ROM). The plan of care included Magnetic Resonance Imaging (MRI) of cervical spine, consultation with neurology and electromyogram and nerve conduction studies (EMG/NCS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurologist consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations Regarding Referrals, Chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The patient was injured on 11/27/2013 and presents with intermittent moderate to severe pain in her neck, headaches, and occasional dizziness. The request is for a NEUROLOGIST CONSULTATION. The utilization review denial rationale is that the documentation does not indicate any new or worsening symptoms that would require a consultation. There is no RFA provided and the patient is not currently working. ACOEM Practice Guidelines second edition (2004) page 127, has the following: occupational health practitioner may refer other specialist if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In regards to the cervical spine, there is increased tone with associated tenderness about the paracervical and trapezial muscles. There is some guarding on examination. The patient has a decreased range of motion and is diagnosed with headache/dizziness and cervical spine strain/sprain with radicular complaints. The 01/22/2015 report states that the physician would for the patient to attend a consultation with a neurologist for second opinion. Given the patient's chronic pain, a second opinion appears medically reasonable. Therefore, the requested neurologist consultation IS medically necessary.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Neck and Upper Back regarding Magnetic Resonance Imaging (MRI).

**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 request is for an MRI Of The Cervical Spine. MRI of the cervical spine. The patient had a prior MRI of the cervical spine on 07/07/2014, which revealed a 1-2 mm diffuse disk bulge noted at the C6-C7 level, which does not about the cervical spinal cord or the adjacent nerve roots. Regarding MRI, uncomplicated neck pain, chronic neck pain, ACOEM chapter 8 page 177 to 178 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, electro diagnostic studies, laboratory tests, or bone scans. ACOEM further states that unequivocal findings that identify specific nerve compromise under neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. ODG Guidelines on neck and upper back (acute and chronic) chapter, magnetic resonance imaging states: not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (i.e., after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy, if severe or progressive neurologic deficit. The 01/22/2015 report states that the treater would like to request an MRI of

the cervical spine for worsening symptoms and neuralgia. The patient is diagnosed with headaches/dizziness and cervical spine sprain/strain with radicular complaints. In this case, the patient has had a prior MRI of the cervical spine on 07/07/2014. There is no evidence of any progressive neurologic deficit to warrant an updated MRI. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms. In this case, the patient does not present with any red flags such as myelopathy or bowel/bladder symptoms. Therefore, the requested MRI of the cervical spine IS NOT medically necessary.