

<b>Case Number:</b>	CM15-0058501		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	08/09/2012
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 male, who sustained an industrial injury on August 9, 2012. He reported tripping and falling on his knees, with immediate pain in the right knee and ankle. The injured worker was diagnosed as having cervical sprain/strain, cervical myofascitis, cervical disc protrusion with bilateral nerve root compromise per MRI, rule out cervical radiculitis versus radiculopathy, lumbosacral sprain/strain, lumbar muscle spasm, lumbar disc protrusion with bilateral nerve root compromise per MRI, rule out lumbar radiculitis versus radiculopathy, lumbar spondylolisthesis multiple levels per MRI, left knee sprain/strain, rule out left knee meniscus tear, and status post surgery right knee . Treatment to date has included chiropractic treatments, lumbar epidural steroid injection (ESI), acupuncture, physical therapy, right knee surgery 2012, neck/low back/left knee MRI studies, and medication. Currently, the injured worker complains of constant moderate throbbing neck pain and weakness, constant severe stabbing low back pain and heaviness, constant severe throbbing left knee pain and numbness, and constant moderate throbbing right knee pain and weakness. The Primary Treating Physician's report dated February 10, 2015, noted the injured worker's sensation was globally decreased in the right upper and lower extremities. Examination of the cervical spine was noted to show decreased and painful range of motion (ROM), with spasm and +3 tenderness to palpation of the cervical paravertebral muscles, with cervical compression causing pain, and shoulder depression causing pain bilaterally. Examination of the lumbar spine was noted to show decreased and painful range of motion (ROM) with spasm and +3 tenderness to palpation of the lumbar paravertebral muscles, and Kemp's and straight leg raise causing pain bilaterally.

The left knee examination was noted to show decreased and painful range of motion (ROM), with +3 tenderness to palpation of the anterior, medial, and lateral knee, with valgus and varus causing pain. The right knee examination was noted to show decreased and painful range of motion (ROM) with +2 tenderness to palpation of the anterior, medial, and medial joint line, with patellar compression causing pain. The treatment plan was noted to include home exercises and obtaining a MRI of the bilateral knees. A previous request for authorization dated January 8, 2015, by the same provider requested home exercises, and MRIs of the cervical spine, lumbar spine, left knee, and right knee.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI to The Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 (ODG) Neck- Magnetic resonance imaging (MRI).

**Decision rationale:** MRI of the cervical spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The documentation does not indicate evidence of red flag findings or progressive neurological deficits. The ODG also states that a 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). This patient has had a cervical MRI in 2013 per the 1/18/15 progress note. Per guidelines without progressive neurological deficit or significant concern for pathology, a repeat MRI is not medically necessary. The request for a cervical MRI is not medically necessary.