

<b>Case Number:</b>	CM15-0083401		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	07/27/2008
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Internal 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:

This 52 year old male sustained an industrial injury neck via cumulative trauma from 7/27/07 to 7/27/08. Previous treatment included magnetic resonance imaging, cervical fusion, physical therapy, chiropractic therapy, acupuncture epidural steroid injections, transcutaneous electrical nerve stimulator unit, hot/cold therapy and medications. In PR-2's dated 9/30/14, 10/28/14, 11/25/14 and 12/22/14 the injured worker complained of constant, throbbing pain to the cervical spine rated 5-8/10 on the visual analog scale associated with headaches. In the most recent PR-2 submitted for review, dated 2/10/15, the injured worker complained of constant and sharp pain to the cervical spine that travelled and was relieved by medications. The injured worker rated his pain 6/10 on the visual analog scale. The injured worker also complained of headaches, hot flashes and right shoulder pain. Current diagnoses included cervical disc syndrome, cervical spine sprain/strain, right shoulder internal derangement, rotator cuff syndrome and headaches. Physical exam was remarkable for cervical spine and right shoulder with decreased restricted range of motion. The treatment plan included medications (Anaprox, Omeprazole, Zolipidem, Norco, Neurontin and Terocin patch), twelve sessions of CMT/Physiotherapy, electromyography/nerve conduction velocity test bilateral upper extremity and twelve sessions of acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses cervical spine MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. MRI may be recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. The primary treating physician's progress report dated 2/10/15 documented cervical spine flexion 40/50 degrees, extension 50/60 degrees, lateral bending 20/45 degrees, rotation 60/80 degrees. No tenderness was documented on physical examination. No neurologic deficits were documented. No new cervical spine injuries were reported. The 2/10/15 progress report was the latest progress report in the submitted medical records. The 2/10/15 progress report does not establish the medical necessity of a cervical spine MRI. Therefore, the request for MRI of the cervical spine is not medically necessary.