

<b>Case Number:</b>	CM15-0084877		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	01/17/2012
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 58-year-old female patient with an industrial injury dated 1/17/2012. The diagnoses include cervical and thoracic stenosis with radiculopathy. She sustained the injury while lifting a product into a shaking machine. Per the progress note dated 4/20/2015, she reported left scapula pain with tingling in fourth and fifth fingers and left elbow pain. Physical examination revealed pain on compression and extension of neck, diminished sensation left fourth and fifth fingers, positive jugular compression sign and right trapezius muscle spasms. The medications list includes hydrocodone and lidoderm. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. She has had cervical MRI in 2012. Per the note dated 4/20/14, MRI showed 4 mm HNP. MRI report was not specified in the records provided.

### 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:** 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), Indications for imaging - MRI (magnetic resonance imaging).

**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) Chapter: Neck & Upper Back (updated 05/12/15) Magnetic resonance imaging (MRI).

**Decision rationale:** Request: MRI of the cervical spine. Per the ACOEM chapter 8 guidelines cited below For most patients presenting with true neck or upper back problems, 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. The ACOEM chapter 8 guidelines cited below recommend MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, Not recommended: Imaging before 4 to 6 weeks in absence of red flags. Patient does not have significant objective evidence of severe or progressive neurologic deficits that are specified in the records provided. Any electro diagnostic studies showing evidence of cervical radiculopathy were not specified in the records provided. She has had cervical MRI in 2012. Per the note dated 4/20/14, MRI showed 4 mm HNP. The prior MRI report was not specified in the records provided. Per ODG neck/upper back guidelines: 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). A significant change in signs and symptoms, since the previous cervical MRI that would require a repeat cervical spine MRI is not specified in the records provided. The response to recent conservative therapy for this injury is not specified in the records provided. Previous conservative therapy notes, (including medication list), are not specified in the records provided. In addition, a recent cervical spine X-ray report is also not specified in the records provided. The medical necessity of MRI of the cervical spine is not medically necessary for this patient.