

<b>Case Number:</b>	CM15-0085291		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/21/2015
<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: California

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

### 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 40-year-old male who sustained an industrial injury on 11/18/2013. Diagnoses include cervical radiculitis and cervical sprain and/or strain; left shoulder sprain/strain, rule out left shoulder internal derangement, right carpal tunnel syndrome, and right wrist sprain/strain, left carpal tunnel syndrome, left wrist sprain/strain, anxiety and depression. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture therapy, chiropractic sessions, home exercise program and use of a Transcutaneous Electrical Nerve Stimulation unit. A physician progress note dated 03/25/2015 documents the injured worker has some increase in left sided neck and shoulder pain with bilateral wrists pain increase. Neck pain and stiffness is constant and rated as 8 out of 10. He has left shoulder pain, which radiates to the lateral elbow and rates the pain as 7 out of 10. His right and left wrist has pain, tingling and numbness. Pain in the volar aspect of the radial wrists with occasional tightness and numbness and pain is rated 7-8 out of 10. He has weakness in both wrists and hands. His cervical spine has marked pain to palpation of the spinous processes C4 through C7 and over the left greater than right paraspinal musculature. Upper trapezial and levator scapulae are hypertonic with trigger point on the left. There is loss of intersegmental joint range of motion via manual palpation. Cervical range of motion is restricted. Foraminal compression is positive on the left reproducing left lower cervical spine with pain. Shoulder depression on the left reproduces painful symptoms radiating. Treatment requested is for Magnetic Resonance Imaging of the cervical spine.

## 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:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI and Other Medical Treatment Guidelines x Other Medical Treatment Guideline or Medical Evidence: OFFICIAL DISABILITY GUIDELINES: Minnesota.

**Decision rationale:** Regarding the request for repeat cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. ODG states that repeat MRI is not routinely recommended in less there is a significant change in symptoms and or findings suggestive of significant pathology. Regarding repeat imaging, Official Disability Guidelines: Minnesota state that repeat imaging of the same views of the same body part with the same imaging modality is not indicated except as follows: to diagnose a suspected fracture or suspected dislocation, to monetary therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, when the treating healthcare provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. Within the documentation available for review, it appears the patient has previously undergone a cervical MRI, and electro diagnostic studies. The cervical MRI seems to identify nerve root impingement affecting the upper cervical nerve roots. This would be consistent with the pain radiating into the patients shoulder. Additionally, the patient has complaints of pain and numbness affecting the hand in what is described as a "median nerve distribution." Electro diagnostic studies would best be able to differentiate causes of the patient's current complaints. Unfortunately, it appears the treating physician has not been able to receive the electro diagnostic reports. There is no documentation that the patients symptoms and findings have changed substantially since the time of the previous MRI to support a repeat MRI. Additionally, there is not documentation that a treating healthcare provider and a radiologist from a different practice have reviewed the previous imaging study and agree that it is technically inadequate, as recommended by guidelines. In fact, it appears that the MRI explains the patient's current complaints. Finally, it is unclear exactly what medical decision-making will be based upon the outcome of the currently requested study. In the absence of clarity regarding that issue, the currently requested repeat cervical MRI is not medically necessary.