

<b>Case Number:</b>	CM15-0085516		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	05/05/2003
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/09/2015
<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: North Carolina

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 63 year old female with a May 5, 2003 date of injury. A progress note dated March 27, 2015 documents subjective findings (significant left upper extremity weakness and numbness; neck pain; weakness of the hand; occasional tremulousness), objective findings some weakness of the left arm at the biceps and triceps; positive Spurling maneuver to the left that recreates the left upper extremity radicular symptoms; diminished light touch sensation in the C6 dermatome; decreased reflexes of the left upper extremity), and current diagnoses (history of cervical spondylosis; possible herniated nucleus pulposus versus spinal stenosis and left upper extremity radiculopathy). Treatments to date have included facet joint injection, diagnostic medial branch blocks, cervical spine fusion, medications, physical therapy, home exercise, and x-rays of the cervical spine. The medical record indicates that the injured worker's symptoms are evolving. The treating physician documented a plan of care that included 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 cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for a MRI of the neck and the request is not medically necessary.