

<b>Case Number:</b>	CM15-0086870		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	07/26/2011
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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:

The injured worker is a 49 year old female who sustained an industrial injury on 07/26/2011. The injured worker was diagnosed with C5-6 disc injury, right trapezial strain, right shoulder strain, bilateral lumbar radiculopathy, headaches and coccydynia. The injured worker is status post L5-S1 laminectomy and decompression on January 20, 2014. Treatment to date includes diagnostic testing, lumbar spine surgery, physical therapy, acupuncture therapy, pain management, shoulder injections, cervical epidural steroid injections (the latest in December 2014), group psychotherapy, hypnotherapy, cervical traction, cervical pillow, home exercise program and medications. According to the primary treating physician's progress report on March 18, 2015, the injured worker continues to experience neck, right shoulder and low back pain. The injured worker rates her lower back pain at 6-7/10 with calf pain and bilateral foot numbness, neck pain at 5/10 and right shoulder pain at 8/10. The examination consisted of the lumbar spine only. Physical examination of the neck and shoulders dated on January 12, 2015 demonstrated mild mid-line tenderness extending from C2-C6 with mild bilateral cervical facet tenderness at C2-C3 with improved and less painful neck movements. Bilateral occipital tenderness was noted. Sensory examination demonstrated some hypoalgesia in the left C6 nerve root. Current medications are listed as Tramadol, Gabapentin, Trazodone, Zoloft, Prilosec and Lidoderm patches. Treatment plan consists of continuing with medications, psychotherapy sessions and the current request for a cervical magnetic resonance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Cervical without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines MRI Cervical & Thoracic Spine Disorders.

**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. MRI of cervical spine dated September 28, 2011 shows C4-C5 one mm posterior disc bulge, and C5-C6 two mm posterior disc protrusion with endplate and uncinat spur formation. MRI of cervical spine dated February 16, 2012 demonstrated at C5-C6 minimal central disc bulge without any other abnormality. The orthopedic progress report dated 3/18/15 documented subjective complaints of neck pain. No new cervical spine injuries were reported. No physical examination of the cervical spine was documented. There was no mention of past cervical spine MRI studies. Without a documented physical examination of the cervical spine, the request for a repeat cervical spine MRI is not supported by MTUS guidelines. Therefore, the request for repeat MRI of the cervical spine is not medically necessary.