

<b>Case Number:</b>	CM13-0005764		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	08/06/1993
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57 year old male who has work injury dated 8/6/93. The diagnoses includes chronic myoligamentous cervical spine strain/ sprain, multi-level cervical spondylosis, intermittent complaints of left upper extremity numbness and tingling. There is a request for the medical necessity of a cervical MRI. There is a 2/6/13 primary treating physician progress report which states that the patient presents at the office for reevaluation of his cervical and lumbar spine. He continues to have cervical and lumbar spine pain depending on activity level. Pushing, pulling, reaching, reaching and lifting causes pain. He admits to numbness, tingling and weakness in his left hand. Physical examination reveals mild tenderness to palpation of the cervical and upper thoracic paraspinous region. There is mild loss of motion. There is good strength throughout the upper extremities. The patient is neurologically intact. The treatment plan included medication management. There is a 7/1/13 primary treating physician progress report that states that the patient presents at the office for reevaluation of ongoing discomfort in his cervical spine, secondary to increased cervical spine pain with any type of activity. He has been performing sitting and repetitive activity using the computer keyboarding and writing, which is causing his flare up. He is having weakness within his upper extremities. The patient continues to utilize Norco and Soma on a daily basis. Physical examination reveals the patient walks with a normal gait and normal arm swing. He has a normal affect on evaluation. There is tenderness to palpation of the cervical and upper thoracic paraspinous region. There is loss of cervical motion throughout all planes. There is good strength throughout the upper extremities. The patient is neurologically intact. The plan states that the patient's last MRI scan was performed on March 26, 2004, which revealed multi-level pathology from C3-C7. Given the

patient's increased subjective complaints the treating physician is requesting an updated cervical MRI.

### **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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ODG Neck and Upper Back chapter

**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) Neck and Upper back, Magnetic resonance imaging (MRI).

**Decision rationale:** An MRI of the cervical spine is not medically necessary per American College of Occupational and Environmental Medicine MTUS and the ODG guidelines. Per the MTUS guidelines, the patient does not meet the criteria for ordering cervical imaging studies. The patient has no radicular or red flag symptoms on physical examination. Furthermore ACOEM guidelines state that " Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study." The ODG recommendations for a cervical MRI recommend a cervical MRI for neurologic deficits or suspected cervical trauma. The documentation submitted reveals the patient had a cervical MRI in 2004 and does not reveal evidence of neurologic deficits on physical exam or any evidence of cervical trauma. The request for cervical MRI is not medically necessary