

<b>Case Number:</b>	CM14-0128139		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/06/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Occupational Medicine and is licensed to practice in Alabama. 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 61 year old male who was injured on 11/06/2012 while he was replacing light bulbs in the apartment buildings when he was electrocuted. Progress report dated 07/07/2014 states the patient presented with complaints of neck pain and low back pain as well as right shoulder pain. He rates his cervical spine and right shoulder pain an 8/10. He reported he does take Norco and noted that it helps decrease his pain from an 8/10 to 5/10. On exam, the cervical spine revealed decreased range of motion with tenderness to the paraspinal and trapezius muscles bilaterally. There was tenderness to palpation over the suboccipital region as well as hypertonicity over the trapezius bilaterally. Cervical compression test was positive. The lumbar spine revealed decreased range of motion and tenderness to palpation with hypertonicity. Kemp's test was positive bilaterally. Straight leg raise was positive bilaterally at 60 degrees to posterior thigh. The patient is diagnosed with cervical degenerative disk disease and stenosis and status post L4-L5 and SL5-S1 anterior fusion with residual back pain. The patient was recommended for MRI of the cervical spine and physical therapy to the lumbar spine twice a week for 6 weeks. Prior utilization review dated 07/25/2014 states the request for MRI of the Cervical Spine is denied as there is no indication to warrant this request; and Physical Therapy 2x6.

### 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): 181-183.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, pages 177-179 ODG), Neck and Upper Back, MRI

**Decision rationale:** As per CA MTUS/ACOEM guidelines, "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." The ODG guidelines for cervical MRI states "Indications for imaging -- MRI (magnetic resonance imaging), chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present, neck pain with radiculopathy if severe or progressive neurologic deficit, chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present, chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present, chronic neck pain, radiographs show bone or disc margin destruction, suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" and unknown cervical spine trauma: equivocal or positive plain films with neurological deficit - Upper back/thoracic spine trauma with neurological deficit. "In this case, there is no documented to meet the indication for MRI imaging. Note from 7/7/14 states examination showed "cervical spine revealed decreased range of motion with tenderness to the paraspinal and trapezius muscles bilaterally... hypertonicity noted over the trapezius bilaterally. Cervical compression test was positive. Deep tendon reflexes were 1++ in the brachioradialis and triceps bilaterally." In addition, there are no apparent reports of cervical x-rays to support a diagnosis of cervical spondylosis or bone/disc margin destruction. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Physical Therapy 2x6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page(s): 98-99. Decision based on Non-MTUS Citation (ODG), Lumbar Spine, Physical Therapy

**Decision rationale:** The above ODG guidelines for physical therapy of the lumbar spine states for arthritis recommends 9 visits for medical treatment. In this case, note from 7/7/14 states that the "patient has completed his course of physical therapy directed to his lumbar spine" with a diagnosis of "status post L4-5 and L5-S1 anterior fusion with residual back pain." Being that the patient has already completed his physical therapy course, and there are no documented reasons to demonstrate that they patient cannot perform self-directed home exercise program, the request is not medically necessary. Based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

