

<b>Case Number:</b>	CM14-0130045		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	07/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in California. 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:

According to the records made available for review, this is a 65-year-old male with a 9/3/13 date of injury, and status post release of left middle trigger digit 10/26/12. At the time (7/7/14) of request for authorization for Updated MRI, cervical spine, there is documentation of subjective (worsening in cervical spine with increased range of pain and tingling in the upper extremity in the past two weeks without any obvious cause) and objective (left lower muscle spasm, tenderness to palpation over the upper, mid, and lower paravertebral and trapezius muscle, range of motion is flexion to 20 degrees with 20 degrees right lateral bending, 30 degrees, left lateral bending, 30 degrees right lateral rotation, 15 degrees left lateral rotation, 30 degrees extension, increased pain with cervical motion, negative Spurling, Adson, and Wright maneuver, patchy decreased sensation in bilateral upper extremities without motor weakness or reflex asymmetry, and more localized diminished sensation in bilateral median nerve distribution with thenar wad atrophy and flattening with grade 4/5 strength) findings, imaging findings (Cervical Spine MRI (10/11/13) report revealed disc desiccation at C2-C3 down to C6-C7 with concurrent loss of disc height at C5-C6 and C6-C7, stenosis of spinal canal at C2-C3, C3-C4, C4-C5, C5-C6, C6-C7, and C7-T1, and stenosis of bilateral neural foramen at, C3-C4, C4-C5, C5-C6, C6-C7), current diagnoses (cervical, thoracic, and lumbar spine strain, cervical radicular syndrome, lumbar radicular syndrome, bilateral carpal tunnel syndrome, status post release of left middle trigger digit 10/26/12, bilateral Dupuytren's disease of the upper extremities, possible sacculo-thoracic dystrophy variant, degenerative joint disease of thoracic spine with disc herniation at T10-T11, degenerative joint and disc disease of the lumbar spine with herniation L1-L2-L3-L4-L5-S1, and degenerative joint and disc disease of the cervical spine with herniation C2-C3-C4-C5-C6-C7-T1), and treatment to date (chiropractic therapy). There is no documentation of a diagnosis/condition for which a repeat study is indicated.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Updated MRI, cervical spine:** Upheld

**Claims Administrator 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

**Decision rationale:** MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure; as criteria necessary to support the medical necessity of an MRI. ODG identifies documentation of a diagnosis/condition (with supportive subjective/objective findings) for which a repeat study is indicated (such as: To diagnose a suspected fracture or suspected dislocation, to monitor a 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 (repeat imaging is not appropriate solely to determine the efficacy of physical therapy or chiropractic treatment), to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings) as criteria necessary to support the medical necessity of a repeat MRI. Within the medical information available for review, there is documentation of diagnoses of cervical, thoracic, and lumbar spine strain, cervical radicular syndrome, lumbar radicular syndrome, bilateral carpal tunnel syndrome, status post release of left middle trigger digit 10/26/12, bilateral Dupuytren's disease of the upper extremities, possible sacculo-thoracic dystrophy variant, degenerative joint disease of thoracic spine with disc herniation at T10-T11, degenerative joint and disc disease of the lumbar spine with herniation L1-L2-L3-L4-L5-S1, and degenerative joint and disc disease of the cervical spine with herniation C2-C3-C4-C5-C6-C7-T1. In addition, there is documentation of a previous cervical MRI dated 10/11/13. However, despite documentation of subjective (worsening in cervical spine with increased range of pain and tingling in the upper extremity in the past two weeks without any obvious cause) and objective (left lower muscle spasm, tenderness to palpation over the upper, mid, and lower paravertebral and trapezius muscle, range of motion is flexion to 20 degrees with 20 degrees right lateral bending, 30 degrees, left lateral bending, 30 degrees right lateral rotation, 15 degrees left lateral rotation, 30 degrees extension, increased pain with cervical motion, negative Spurling, Adson, and Wright maneuver, patchy decreased sensation in bilateral upper extremities without motor weakness or reflex asymmetry, and more localized diminished sensation in bilateral median nerve distribution with thenar wad atrophy and flattening with grade 4/5 strength) findings, there is no documentation of a diagnosis/condition for which a repeat study is indicated (to diagnose a change in the patient's

condition marked by new or altered physical findings). Therefore, based on guidelines and a review of the evidence, the request for updated MRI, cervical spine is not medically necessary.