

<b>Case Number:</b>	CM14-0144393		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 46-year-old male who reported an injury on 04/01/2013. The mechanism of injury reportedly occurred when a beam fell on him and it crushed him. His diagnoses included cervical sprain with radicular symptoms, headaches, lumbar sprain with radicular symptoms, right shoulder impingement syndrome, and a thoracic sprain. The injured worker's previous treatments included physical therapy, and medications. The injured worker's previous diagnostics included x-rays of the cervical spine, thoracic spine, lumbar spine, and right shoulder at the time of injury. He also had an MRI of the right shoulder. The injured worker's surgeries were not specified. On 08/08/2014, the injured worker reported neck pain bilaterally with radicular symptoms. He also reported lower back pain that radiated down his right leg. The pain in his right shoulder reportedly became more severe with activity and rated his pain 10/10. The physical examination of the cervical spine revealed decreased range of motion with flexion at 45 degrees and extension at 30 degrees. The examination of his shoulders revealed flexion on his right shoulder at 120 degrees and abduction 110 degrees, his left shoulder was not tested. The injured worker's medication was Norco 5/325 mg. The treatment plan was for an MRI of the cervical spine. The rationale for the request was to determine whether there is disc pathology. The Request for Authorization form was submitted on 08/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** Based on the clinical information submitted for review, the request for an MRI of the cervical spine is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms for patients presenting with true neck or upper back problems. Also, unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. The 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, and clarification of the anatomy prior to an invasive procedure. The injured worker reported neck pain that radiated to his right shoulder and arm. It was noted that he had completed 6 visits of physical therapy and reported increased pain to above 10/10 on pain scale. Although it was noted that the injured worker completed physical therapy 2 times per week for 3 weeks with an increase of pain, it is unclear as to what other conservative treatments he tried and failed. It was also noted that the injured worker tried Relafen; however, it caused him GI upset and had been minimally effective in relieving his pain thus far and he was then started on Norco. The documentation submitted for review did not detail if the Norco was beneficial to him in relieving his pain. Furthermore, the guidelines indicate that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, there was insufficient documentation to suggest that the injured worker had neurological deficits. On 07/11/2014, it was noted that the sensory examination was normal to soft touch and pinwheel, reflexes were intact and symmetrical, and the nerve roots from C1 to T1 were normal with all muscle groups tested, rating 5/5. As such, the request for MRI of cervical spine is not medically necessary.