

<b>Case Number:</b>	CM14-0163289		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	07/23/2003
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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, 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 56 years old who had a work injury dated 7/23/09. The diagnoses include degenerative changes involving the spine. Under consideration are requests for retro DOS 7/15/14: cervical spine MRI. There is a progress note dated 08/08/14 that state that the patient had MRI scan of the cervical spine. The patient has continued neck pain. On examination there was tenderness to palpation with paraspinous spasm, full range of motion with 5/5 strength to the upper extremities, intact sensation and equal and symmetrical +2 reflexes to the upper extremities bilaterally. The progress note reviewed a 07/15/14 cervical MRI that showed evidence of multi-level disc desiccation with a C3-4 level showing a broad based central disc protrusion of 4 mm, resulting in foraminal narrowing and encroachment of the exiting nerve root. There is also a broad based left sided disc protrusion at C4-5, resulting in encroachment of the exiting left nerve roots, a C5-6 protrusion, also resulted in mild neural foraminal narrowing with encroachment of the exiting bilateral nerve roots. There is a retro request for a cervical MRI as well as C3-4 anterior cervical discectomy and fusion with a two to three day inpatient length of stay There is a progress note dated 7/11/14 that states that there is tenderness to palpation over the paraspinal musculature. Inspection reveals normal lordosis. Flexion is 50/50 degrees and extension is 60/60 degrees. Rotation to the left is 80/80 degrees and rotation to the right is 80/80 degrees. Right lateral bend is to 45 degrees and left lateral bend is to 45 degrees. There is no tenderness to palpation over the spinous processes. Negative Hoffman and Romberg's signs. The bilateral upper motor, sensory and reflex exam revealed no deficits A 9/14/14 MRI of Cervical Spine was compared to a previous examination dated 09/29/2003 and revealed: Again noted is desiccation of the cervical discs; at C3-4 there is again evidence of a 3 mm circumferential disc bulge with mild effacement of the thecal sac demonstrated; at C4-5 there is

again evidence of a 2 mm broad based disc protrusion, left parasagittal in location, with mild effacement of the thecal sac and mild narrowing of the left neural foramina.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro DOS 7/15/14: cervical spine MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 177- 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-1178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck- Magnetic resonance imaging (MRI)

**Decision rationale:** A request for retro DOS 7/15/14: cervical spine MRI is not medically necessary per the MTUS Guidelines. The guidelines states that 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 ODG recommends cervical MRI with progressive neurological deficit, suspected trauma with ligamentous injury. The documentation submitted does not reveal any red flag findings that would necessitate cervical imaging. The patient has normal strength, sensation and reflex testing in the bilateral upper extremities. The request for retro DOS 7/15/4 cervical MRI is not medically necessary.