

<b>Case Number:</b>	CM14-0093008		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/15/2008
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 47-year-old female with date of injury of 12/15/2008. The listed diagnoses per Dr. Michael [REDACTED] dated 10/08/2013 are numbness of the right upper extremity and lumbar disk disease, status post L5-S1 fusion. According to this AME report, the patient complains of right-sided neck pain. She complains of numbness in her right upper extremities. Although improved from its onset, she states the numbness in her right upper extremity causes discomfort when she performs activities of daily living. The patient also complains of low back pain that usually wakes her up at night. She states the pain increases when she sits and stands for prolonged periods of time. The physical examination shows the patient is well developed well nourished in no acute distress. There is tenderness to palpation in the right paracervical/scapular region. No soft tissue swelling of the paracervical region is noted. There is full and restricted range of motion in shoulders, elbows, and wrist. The patient complains of a tingling sensation in her right upper extremity when examined. There is grip strength loss of the right upper extremity. The Utilization Review denied the request on 06/10/2014.

### 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.

**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 -TWC), Neck and Upper Back, Indications for Imaging, MRI (<http://www.odg-twc.com/odgtwc/neck.htm#Procedures>).

**Decision rationale:** The ACOEM Guidelines page 177 and 178 has the following criteria for ordering imaging studies: (1) emergence of a red flag, (2) physiologic evidence of tissue insult or neurologic dysfunction, (3) failure to progress in a strengthening program intended to avoid surgery, (4) clarification of anatomy prior to invasive procedures. The Official Disability Guidelines (ODG) states that magnetic resonance imaging (MRI) imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor infection and fracture and for clarification of anatomy prior to procedure. For the evaluation of the patient with chronic neck pain, plain radiograph should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. The AME report references an MRI of the cervical spine dated 04/22/2013 that showed a 2-mm C6-C7 central disk protrusion which abuts the protrusion. There is also narrowing of the left C5 and C6 neuroforamina due to uncovertebral joint disease. The physical examination in the 12/19/2013 report showed decreased sensation in the left C6 and right C7 and C8 distribution. There is weakness in the left upper extremity. The treater does not explain why repeat studies are needed. There are no reports of new injury or trauma. In addition, the exam does not show any red flag symptoms or evidence of tissue insult or neurologic dysfunction that has changed since last MRI. Recommendation is not medically necessary.