

<b>Case Number:</b>	CM14-0093730		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	11/29/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Family Medicine 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:

This is a 42-year-old male who reported an industrial injury to his neck on 11/29/2010, almost four (4) years ago, attributed to the performance of his usual and customary job tasks reported as ongoing cumulative trauma and repetitive work. The patient was being treated for a diagnosis of cervical disc disease with radiculopathy and lumbar disc disease with radiculopathy. The patient ultimately underwent a cervical spine fusion with instrumentation at C5-C6 and C6-C7. The AME evaluation noted that the patient had been previously established as permanent and stationary. The recommendations for future medical care included oral anti-inflammatory medication; non-narcotic analgesics; intermittent orthopedic evaluation for flare-up's. The patient was noted to complain of neck pain with tightness, stiffness, and muscle spasm. The patient reported radiation of pain to the scapular region. The objective findings on examination included decreased motion of the cervical spine; negative Spurling's compression and distraction test; no weakness in the upper extremity; and tax sensory examination bilaterally. X-rays of the cervical spine demonstrated the prior fusion with a degree a bone growth into the spinal canal at C5-C6. The treatment plan included cervical spine MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of neck, spine without dye:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182; 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back MRI

**Decision rationale:** The request for a MRI of the cervical spine was not supported with objective findings on examination to support medical necessity. The MRI of the cervical spine was ordered based on the rationale weakness to the upper extremity with a radiculopathy. However, the findings on examination did not support this contention. There was no provided conservative treatment prior to the request for the MRI. The patient is four (4) years s/p DOI and has had a prior cervical spine fusion C5-C6. The patient reported pain radiating to the shoulder and arm. There was no provided conservative treatment for the reported subjective change in clinical status. X-rays of the cervical spine did not demonstrate significant pathology other than the prior fusion with hardware. The rationale for the requested imaging studies was not documented and there was no objective evidence to support the medical necessity of the requested imaging studies. The patient was not documented to have been provided conservative treatment and was not documented to have failed the attempted conservative treatment. The criteria recommended by evidence-based guidelines were not documented to support the medical necessity of the requests. There is no rationale provided by the requesting provider to support the medical necessity of a repeated MRI of the cervical spine as a screening study s/p fusion with an ongoing history of neck pain radiating to the shoulder. There were no documented significant changes in clinical status; no documented neurological deficits; and no documented red flags. The patient was ordered a CT scan of the cervical spine concurrently. It was not clear that both the CT scan and the MRI were medically necessary. There are no demonstrated red flag diagnoses as recommended by the ACOEM Guidelines in order to establish the criteria recommended for a MRI of the cervical spine. The medical necessity of the requested MRI of the cervical spine was not supported with the subjective/objective findings recommend by the ACOEM Guidelines or the Official Disability Guidelines for the authorization of a cervical spine MRI. The patient's treatment plan did not demonstrate an impending surgical intervention or any red flag diagnoses. The treatment plan was not demonstrated to be influenced by the obtaining of the Cervical MRI. There were no demonstrated sensory or motor neurological deficits on physical examination; there were no demonstrated changes to the patient's neurological examination other than the subjective pain complaint; and the patient was not shown to have failed a conservative program of strengthening and conditioning. The patient is not documented as contemplating surgical intervention to the cervical spine. There were no documented clinical changes in the patient's clinical status or documented motor/sensory neurological deficits that would warrant the authorization of a MRI of the cervical spine/thoracic spine or meet the recommendations of the currently accepted evidence-based guidelines. There is no provided rationale for the MRI of the cervical spine/thoracic spine by the requesting provider. The MRI results were not noted to affect the course of the recommended conservative treatment. The functional assessment for the provided conservative therapy since the date of injury has not been documented or provided in the physical therapy documentation. There was no demonstrated medical necessity for a repeated MRI of the cervical spine in addition to the CT scan of the cervical spine.