

<b>Case Number:</b>	CM14-0096411		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/26/2012
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 55-year-old male who reported an injury on 01/26/2012 when he twisted in a swivel chair at work. The injured worker was diagnosed with history of cervical strain on or about 01/26/2012, cervical disc herniation at C6-7, status post cervical discectomy and fusion, segmental disease breakdown at C5-6, possibly C4-5 with possible progressive stenosis and progressive upper extremity radiculopathy. Prior treatments included physical therapy. An MRI of the thoracic spine was performed on 01/30/2012, an x-ray of the cervical spine was performed on 12/12/2012 and an MRI of the cervical spine was performed on 04/13/2012 which revealed right side extrusion impinging at the right C8 root, there was moderate right, mild left foraminal narrowing at C4-5, severe left foraminal narrowing at C5-6, and moderate left neural foraminal narrowing at C6-7. The injured worker underwent an anterior C6-7 discectomy and fusion on 05/07/2012. The clinical note dated 05/21/2014 noted the injured worker had tenderness to the lower cervical spine and moderate pain to the neck with radiating pain to both upper extremities. The injured worker noted pain was greater on the right than the left. He further stated his symptoms were constant and aggravated by all activities. Range of motion of the cervical spine was limited and the injured worker complained of moderate pain at the extremes of motion. Any extension of the neck reproduced pain to the arms on the right greater than the left and the injured worker was very guarded with neck motion. Motor examination was noted to be normal in all major muscle groups of the bilateral upper extremities and sensory examination was normal to light touch. Biceps, triceps and brachial radialis reflexes were 0 to 1+ and no pathologic reflexes were evident. The physician noted dynamic roentgenograms of the cervical spine indicated likelihood that the C6-7 fusion had healed. There was no obvious failure of the spinal plate. The injured worker was taking over-the-counter ibuprofen for pain. The injured worker had returned to work with modifications of no lifting greater than 15-20 pounds and no

prolonged head and neck flexion and extension. The physician felt an updated cervical MRI scan was needed to determine how to proceed in medical treatment. The physician is requesting an MRI of the cervical spine. The request for authorization form was not provided for review with these documents.

### **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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, MRI.

**Decision rationale:** The request for an MRI of the cervical spine is non-certified. The California MTUS/ACOEM guidelines recommend performing an MRI to evaluate red-flag diagnoses, to validate a diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure, and if there is no improvement after 1 month. The Official Disability Guidelines note repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neuro-compression, recurrent disc herniation). An MRI of the cervical spine was performed on 04/13/2012 which revealed right side extrusion impinging at the right C8 root, there was moderate right, mild left foraminal narrowing at C4-5, severe left foraminal narrowing at C5-6, and moderate left neural foraminal narrowing at C6-7. The injured worker underwent an anterior C6-7 discectomy and fusion on 05/07/2012 and the injured worker had moderate pain with range of motion and limited range of post-procedurally. Per the provided documentation the injured worker's strength, sensation, and reflexes are normal. There is a lack of documentation indicating the injured worker has significant findings indicating the presence of significant neurologic deficit. There is no indication that the injured worker has experienced a significant change in symptoms and has findings indicative of significant pathology. As such, the request is non-certified.