

<b>Case Number:</b>	CM14-0215549		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	08/30/1999
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66 year old female with an injury date of 08/30/99. The patient is status post anterior cervical discectomy and fusion revision at C6-7 on 06/25/14, as per progress report dated 08/06/14. As per progress report dated 11/19/14, the patient complains of pain in the cervical spine with headaches. Physical examination reveals tenderness to palpation from C4 through C7 along with suboccipital and paracervical muscle tenderness. Spurling's test is positive bilaterally. The patient is only sleeping for three hours each night, as per progress report dated 08/06/14. The patient also reports pain in the right thumb, as per the same progress report. The patient is currently working part-time without restrictions, as per progress report dated 08/06/14. MRI of the Cervical Spine, 09/25/14:- Anterior fusion at C4-5, C5-6 and C6-7; fusion of posterior elements on the left C3-4- Extensive decompression, C3-6- Severe facet arthropathy bilaterally at C2-3 with severe bilateral neural foraminal stenosis- Left C4-5 and C6-7 foraminal stenosis CT Scan of the Cervical Spine, 09/13/14, as per progress report dated 09/17/14:- Status post anterior cervical discectomy and fusion at C4-5, C5-6 and C6-7- Status post recent revision of anterior cervical discectomy and fusion at C6-7 - Increased attenuation density at C3-4 disc space likely due to calcification of nucleus pulposus or old anterior cervical discectomy and fusion procedure- Central stenosis of mild to moderate degree at C7-T1 and mild degree at C2-3, C3-4, C4-5, C5-6 and C6-7- Right neural foraminal stenosis of moderate to severe degree at C2-3, moderate degree at C6-7, mild to moderate degree at C5-6, and mild degree at C3-4 and C4-5- Left neural foraminal stenosis of moderate to severe degree at C2-3 and C3-4, moderate degree at C5-6 and C6-7, and mild degree at C4-5- Minimal vertebral subluxation of C2 on C3 without

facet joint dislocation Diagnoses, 11/19/14:- Status post anterior cervical discectomy and fusion- Status post lumbar spine laminectomy on 03/05/12- Status post lumbar spine fusion, anterior/posterior- Thoracic herniation T10-T11 and T12-L1- Nonunion at C6-7 with loosening of surgical screws at C7 bilaterally- Foraminal stenosis at C2-3, C3-4 (bilaterally, moderate to severe), C5-6 (moderate bilaterally), C6-7 (severe right, moderate left), per CT scan 09/12/13- Severe facet arthropathy and subluxation at C2-3- Kyphotic angulation deformity of 15 degrees at C3-4 The utilization review determination being challenged is dated 11/25/14. Treatment reports were provided from 06/25/14 - 11/19/14.

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

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

**MRI of cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck and Upper Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Neck & upper back chapter, MRI

**Decision rationale:** The patient is status post anterior cervical discectomy and fusion revision at C6-7 on 06/25/14, as per progress report dated 08/06/14. The request is for MRI OF THE CERVICAL SPINE. As per progress report dated 11/19/14, the patient complains of pain in the cervical spine with headaches. The patient also reports pain in the right thumb, as per progress report dated 08/06/14. ACOEM Guidelines, chapter 8, page 177 and 178, state Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. In this case, the progress reports do not document prior MRI of the cervical spine. The Request for Authorization form, dated 09/17/14, states that the cervical MRI is to rule out upper extremity radiculopathy. The patient underwent an MRI of the cervical spine on 09/25/14 indicating that this is a retrospective request. The patient also had A CT scan with the report reviewed on the date of request indicated cervical stenosis at multiple levels. The treater does not explain why an MRI is needed when the patient already had a CT scan. An MRI is typically a better imaging

study to obtain, but given the patient's history of fusion surgery, CT scan would have been appropriate and sufficient. The request for an MRI IS NOT medically necessary.