

<b>Case Number:</b>	CM14-0217246		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/08/2006
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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:

This injured worker is a 44 year old male who sustained a work related injury on December 8, 2006 while working as a firefighter. The mechanism of injury was not provided. The documentation notes that the injured worker underwent a resection of the left dorsal first rib with subtotal resection of anterior and middle scalene musculature, division of brachial plexus and lysis of the subclavian artery on March 19, 2008. Current documentation dated December 1, 2014 notes that the injured worker presented with bilateral arm pain, numbness and weakness. Physical examination of the cervical spine revealed generalized moderate tenderness over the neck and shoulder girdle and severe tenderness over the left supraclavicular area. Full range of motion of the neck was noted with normal strength, stability and tone. Examination of the left upper extremity revealed a normal tone with no atrophy and muscle strength of four/five. Right upper extremity examination revealed a normal tone with no atrophy and muscle strength of five/five. Sensation of the left upper extremity showed diffuse impairment. Muscle spasms of the cervicobrachial and left scalene areas were noted. A positive Adson's maneuver was present on the left. Diagnoses include chronic pain, brachial plexus lesions, neurovascular compression syndrome, pain in soft tissue of limb and disturbance of skin sensation. The injured worker was noted to be working as a loan processor at the present time. The treating physician requested an MRI of the cervical spine due to progressive worsening of pain, numbness and weakness of the left upper extremity. Utilization Review evaluated and denied the request on December 15, 2014. Per the Utilization Review documentation the injured workers last MRI of the cervical spine was on July 26, 2012 and review of the records does not reflect any clinical findings that

would indicate a different or progressive neurological deficit as compared to prior symptoms in the past. In addition, the documentation notes that the injured worker had full and painless cervical range of motion. Based on the ACOEM Guidelines, Chapter 8 (Neck and Upper Back Complaints) the medical necessity of the request was not established.

### **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 Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic and Treatment Considerations, page(s) 171-171, 177-179.

**Decision rationale:** Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurological dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including report from providers have not adequately demonstrated the indication for repeating the MRI of the Cervical spine nor identify any failed conservative treatment, specific acute change or progressive deficits in clinical findings to support this imaging study as the patient is without documented correlating neurological deficits consistent with any dermatomal pattern or motor strength loss. When the neurological examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the cervical spine is not medically necessary and appropriate.