

<b>Case Number:</b>	CM15-0000061		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	01/08/2014
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 55 year old male sustained work related industrial injuries on January 8, 2014. The mechanism of injury involved being hit by a golf cart. The injured worker subsequently complained of left knee pain, elbow and left shoulder pain. The injured worker was diagnosed and treated for sprain/strain of the neck, sprain/strain of shoulder and arm, contusion of the knee and contusion of the elbow. Treatment consisted of radiographic imaging, prescribed medications, physical therapy, consultations and periodic follow up visits. Per treating provider report dated October 30, 2014, the injured worker current complaints included left knee pain, left shoulder pain, cervical spine pain and left elbow pain. Physical exam revealed tenderness in patellofemoral joint and decrease range of motion in left knee extension. Patellofemoral compression test, Patellofemoral crepitation test and Apley test were all positive. Shoulder exam revealed positive impingement sign, positive supraspinatus sign, positive acromioclavicular joint tenderness and positive crepitus. Cervical spine was normally aligned and non-tender to palpitation. There was tenderness to palpitation of the paracervical, levator scapulae, medial trapezius and parascapular muscles. Positive levator scapulae and trapezius muscle spasm was detected. There was no evidence of torticollis or crepitus. The Spurling sign was positive for neck pain radiating to the levator scapulae and trapezius muscles. The treating physician prescribed services for MRI of the cervical spine now under review. On December 5, 2014, the Utilization Review (UR) evaluated the prescription for MRI of the cervical spine requested on November 26, 2014. Upon review of the clinical information, UR non-certified the request for MRI of the cervical spine, noting the lack of focal neurological deficits on exam to support

medical necessity. The Official Disability Guidelines was cited. On December 31, 2014, the injured worker submitted an application for IMR for review of MRI of the cervical spine.

### **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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for imaging- MRI

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,182. Decision based on Non-MTUS Citation Neck and Upper Back, Magnetic resonance imaging (MRI)

**Decision rationale:** ACOEM states 'Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure.' ODG states, "Not recommended except for indications listed below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging". Indications for imaging -- MRI (magnetic resonance imaging):- Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present- Chronic neck pain, radiographs show bone or disc margin destruction- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"- Known cervical spine trauma: equivocal or positive plain films with neurological deficit- Upper back/thoracic spine trauma with neurological deficit. The diagnosis of the treating provider is one of cervical strain and though there is a notation of a positive spurling test this is a consistent finding and would not indicate neurological symptom worsening. Per the stated references; the treating physician has not provided evidence of red flags to meet the criteria for indication of an MRI. As such, the request for MRI cervical spine is deemed not medically necessary.