

<b>Case Number:</b>	CM15-0018291		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	01/14/2009
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Texas, California  
Certification(s)/Specialty: Family Practice

### 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 53 year old female, who sustained an industrial injury on January 14, 2009. She has reported cervical and lumbar pain. The diagnoses have included displacement of cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, brachial neuritis or radiculitis and spasm of the muscle. Treatment to date has included radiographic imaging, diagnostic studies, pain medications, aquatic therapy and lifestyle modifications. Currently, the IW complains of cervical and lumbar pain. The injured worker reported an industrial injury in 2009, resulting in chronic cervical and lumbar pain. Evaluation on April 2, 2104, revealed she reported moderate difficulty performing activities of daily living and inability to ambulate. Per the doctor's note dated 4/2/14 patient had complaints of pain in the cervical region at 5/10 and physical examination of the cervical spine revealed limited range of motion and 4/5 strength. The medication list was not specified in the records provided. Any diagnostic imaging report was not specified in the records provided. Patient has received an unspecified number of aquatic therapy visits for this injury.

### 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 (3.0 Tesla): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

**Decision rationale:** Request: MRI of the cervical spine (3.0 Tesla) Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags. A recent detailed clinical evaluation note of treating physician was not specified in the records Patient does not have any severe, progressive neurological deficits that are specified in the records provided. The records provided do not specify significant objective evidence of consistently abnormal neurological findings including abnormal EDS (electro-diagnostic studies). The findings suggestive of tumor, infection, fracture, or other red flags were not specified in the records provided. A report of a recent cervical spine plain radiograph was also not specified in the records provided. Patient has received an unspecified number of aquatic therapy visits for this injury Previous PT notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A plan for an invasive procedure of the cervical spine was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of the request for MRI of the Cervical Spine is not fully established for this patient.