

<b>Case Number:</b>	CM15-0019181		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	04/12/2010
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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 49 year old female who sustained a work related injury on April 12, 2010, after a fall in a strapped harness jerked her body causing immediate pain to her back and buttocks. Diagnoses included displacement of a brachial neuritis and displacement of cervical intervertebral disc. Treatments included massage, chiropractic manipulations, acupuncture, physical therapy and medications. Currently, on December 12, 2014, upon examination, the injured worker complained of neck pain radiating into her extremities having difficulty raising her shoulders at 5/10. She also complained of low back pain as constant, sharp with radiation to the legs and feet. As per records provided the patient's condition was worsening. Physical examination of the cervical spine revealed tenderness on palpation and limited range of motion, negative Hoffman's sign, weakness in the right UE, and decreased sensation in right C7-8 dermatome and positive cervical compression test. The patient has had MRI of the cervical spine on 7/9/2010 that revealed disc protrusion without foraminal stenosis and MRI of the thoracic and lumbar spine that revealed disc protrusion and X-rays in 2012. The medication list include Ibuprofen. The patient had received cervical ESI for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Page 177-178. Decision based on Non-MTUS Citation Neck & Upper Back (updated 11/18/14) Magnetic resonance imaging (MRI)

**Decision rationale:** MRI Cervical Spine 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. Per ODG low back guidelines cited below, 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, neurocompression, recurrent disc herniation). The patient has had MRI of the cervical spine on 7/9/2010 that revealed disc protrusion without foraminal stenosis and MRI of the thoracic and lumbar spine spine that revealed disc protrusion Diagnoses included displacement of a brachial neuritis and displacement of cervical intervertebral disc. Currently, on December 12, 2014, upon examination, the injured worker complained of neck pain radiating into her extremities having difficulty raising her shoulders at 5/10. As per records provided the patient's condition was worsening Physical examination of the cervical spine revealed tenderness on palpation and limited range of motion, negative Hoffman's sign, weakness in the right UE, and decreased sensation in right C7-8 dermatome and positive cervical compression test. Treatments included massage, chiropractic manipulations, acupuncture, physical therapy and medications. A period of conservative care (as much as possible) and observation has been completed and the pt continues to have worsening of pain with significant objective exam findings. A MRI was medically appropriate and necessary in this situation since it could influence further management of this patient. The request for MRI of the Cervical spine was medically necessary and appropriate.