

<b>Case Number:</b>	CM15-0019194		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/30/2015
<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: 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 injured worker sustained an industrial injury on April 27, 2010. The mechanism of injury is unknown. The diagnoses have included neck pain. Treatment to date has included diagnostic studies and medication. One treatment note dated January 27, 2015 was included for review. Notes stated a reduced range of motion on left rotation with cervical paraspinal spasm. The provider recommends Percocet, MRI of the cervical spine and neurosurgeon consultation. The rest of the note is illegible. On January 30, 2015, Utilization Review non-certified an MRI of the cervical spine and consultation with a neurosurgeon, noting the ACOEM and Official Disability Guidelines. On February 2, 2015, the injured worker submitted an application for Independent Medical Review for review of MRI of the cervical spine and consultation with a neurosurgeon.

### 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): 182. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The 1/30/15 Utilization Review letter states the MRI of the cervical spine, requested on the 1/27/15 medical report was denied because the reports were not legible and the reviewer was unable to determine whether the MTUS criteria had been met. The single medical report provided for review is handwritten, dated 1/27/15. There is no history or discussion of prior imaging studies or treatment. The objective findings appear to show only reduced rotation and cervical paraspinal spasm. MTUS/ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Based on the provided records, it is not clear whether the patient had 3-4 weeks of conservative care, or prior imaging studies. The records did not discuss the rationale for a cervical MRI, and there was no obvious indications for an MRI from the subjective or objective findings that would be in accordance with MTUS or ODG guidelines. Based on the provided medical report, the request for MRI of the cervical spine IS NOT medically necessary.

**Consultation with a neurosurgeon:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

**Decision rationale:** The 1/30/15 Utilization Review letter states the Consultation with a neurosurgeon, requested on the 1/27/15 medical report was denied because the reports were not legible and the reviewer was unable to determine the rationale for the request. The single medical report provided for review is handwritten, dated 1/27/15. There is no history or discussion of prior imaging studies. The objective findings appear to show only reduced rotation and cervical paraspinal spasm. There are no neurological deficits. There was no discussion on prior conservative care and no rationale for a neurosurgery consultation. MTUS/ACOEM Chapter 8, Neck pain, pages 179-181, under Surgical Considerations states: Referral for surgical consultation is indicated for patients who have: Persistent, severe, and disabling shoulder or arm symptoms. Activity limitation for more than one month or with extreme progression of symptoms. Clear clinical, imaging, and electro-physiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long-term. Unresolved radicular symptoms after receiving conservative treatment. Based on the available medical report, none of the MTUS/ACOEM criteria for surgical consultation have been met. The request for Consultation with a neurosurgeon IS NOT medically necessary.

