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| <b>Case Number:</b>   | CM15-0117377 |                              |            |
| <b>Date Assigned:</b> | 06/25/2015   | <b>Date of Injury:</b>       | 04/09/2010 |
| <b>Decision Date:</b> | 07/24/2015   | <b>UR Denial Date:</b>       | 06/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/17/2015 |

### 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 is a 52 year old male, who sustained an industrial injury on 4/09/2010. Diagnoses include cervical radiculopathy, lumbosacral radiculopathy, bilateral knee tendonitis/bursitis and thoracic sprain/strain. Treatment to date has included diagnostics, surgical intervention (fusion (2012) and laminectomy (2013) and right and left knee surgeries), physical therapy and chiropractic care. Per the Primary Treating Physician's Progress Report dated 5/07/2015 the injured worker reported pain in the neck, lower back, mid back and bilateral knees. Neck pain was described as continuous, becoming sharp, shooting, throbbing and burning with an occasional electric sensation in the neck that radiates to his head and travels to his bilateral shoulder blades, arms, and hands with numbness and tingling in his bilateral shoulders/arms. Physical examination of the cervical spine revealed spasm and tenderness over the paravertebral musculature. The plan of care included diagnostics and authorization was requested for magnetic resonance imaging (MRI) without contrast cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast (cervical spine):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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:** Symptoms and clinical findings have remained unchanged for this chronic injury without new acute trauma, red-flag conditions, documented failed conservative trial, or flare-up of chronic symptoms and diagnoses already established to support for an updated imaging study. 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 neurologic 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 electro diagnostic 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 specific acute change or progressive deterioration in clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI without contrast (cervical spine) is not medically necessary and appropriate.