

<b>Case Number:</b>	CM15-0125470		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	12/08/2008
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: North Carolina  
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 50 year old female, who sustained an industrial injury on December 08, 2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury, but did note that the injured worker sustained a recent fall down stairs causing pain to the tailbone. The injured worker was diagnosed as having cervicothoracic myelopathy with sensory and motor signs and symptoms, rule out compressive cervical myelopathy, left shoulder contusion with peri-tendinitis, and coccydynia. Treatment and diagnostic studies to date has included psychotherapy, use of a heating pad, and medication regimen. In a progress note dated May 21, 2015 the treating physician reports complaints of pain and stiffness to the neck, numbness and tingling to the right hand with painful cramping to the fingers with range of motion bilaterally, and periods of incontinence with bowel and bladder. Examination reveals mild tenderness to the right medial trapezius, decreased range of motion to the cervical spine with pain, positive Lhermitte's test to the spine, weakness to the proximal aspect of the upper extremity with left shoulder pain, and paresthesias to thoracic eight to nine on the right side splitting the midline in the abdomen. The treating physician requested magnetic resonance imaging of the cervical spine with and without gadolinium with the treating physician noting concern for compressive cervical myelopathy due to complaints of incontinence, increase in neck pain, and recent stair fall.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical spine with and without:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter - Magnetic Resonance Imaging (MRIs).

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

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies 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; Clarification of the anatomy prior to an invasive procedure. The provided progress notes does show emergence of red flag signs and therefore criteria for imaging have been met and the request is medically necessary.