

<b>Case Number:</b>	CM15-0170431		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	05/09/2012
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2015

### 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: Arizona, 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 54 year old female, who sustained an industrial injury on 5-9-12. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical degenerative disc disease; cervical myofascial sprain-strain; cervical radiculopathy; shoulder arthralgia; biceps tendinitis. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI cervical spine (4-8-11); MRI right shoulder (2-28-11). Currently, the PR-2 notes dated 7-24-15 are hand written. The notes indicated the injured worker complains of cervical spine pain that radiates up and down to the right shoulder. She has complaints of constant bilateral wrist pain with weakness. The medications currently used as Ibuprofen with temporary relief. She is working part-time. Objective findings document cervical spine pain with positive tender to palpation over the right trapezius muscles, an antalgic gait, range of motion forward flexion 40 degrees, extension 50 degrees, rotation 50 degrees on the right and 60 degrees on the left, lateral bends 20 degrees bilaterally, positive Spurling's right upper extremity, deep tendon reflexes biceps 1 over 2, triceps 1 over 2, brachioradialis 1 over 2. The right shoulder examination notes positive tender to palpation over the proximal biceps and positive O'Brien's. A MRI of the cervical spine dated 4-8-11 reveals an impression of: 1) C2-3 mild age related degenerative disc desiccation and right facet osteoarthritis. 2) C3-4 mild age related degenerative disc desiccation. 3) C4-5 moderate disc degeneration, slight loss of disc height, mild diffuse disc bulge, right uncovertebral hypertrophy with moderately large right foraminal disc protrusion which occupied a large portion of the right neural foramen, resulting in moderately severe right foraminal stenosis. 4) C5-6 is moderate disc degeneration, with mild

diffuse disc bulge and spondylosis. There is a moderate right and mild left uncovertebral hypertrophy. There is mild broad-based posterior disc bulge which is eccentric to the right. There is right foraminal disc protrusion which is approximately 4mm thick and results in moderately severe right foraminal stenosis. The MRI of the right shoulder dated 2-28-11 reveals no evidence of a rotator cuff tear and minor degenerative changes of the acromioclavicular joint are noted. A PR-2 note dated 6-19-15 indicates the injured worker benefited from physical therapy for the cervical spine pain but continues to have pain and radiating to the shoulders and arms. Other documentation submitted is from 2012. A Request for Authorization is dated 8-29-15. A Utilization Review letter is dated 8-22-15 and non-certification was for MRI (magnetic resonance imaging), Cervical spine, without contrast using the California MTUS, ACOEM Practice Guidelines, 2nd edition (2004) Chapter 8: Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Consideration; Official Disability Guidelines, 2015; neck and Upper Back Chapter: Magnetic Resonance Imaging (MRI). The Utilization Review notes the injured worker is pending the completion of physical therapy and this therapy outcome may negate the need for additional diagnostic studies. The provider is requesting authorization of MRI (magnetic resonance imaging), Cervical spine, without contrast.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI (magnetic resonance imaging), Cervical spine, without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. In this case, there were neurological changes from prior examinations with diminished DTR and a positive Spurling's signs. There request for an MRI is appropriate to determine worsening of disc pathology and possible need for surgery and therefore is medically necessary.