MAXIMUS Federal Services

| Case Number: | CM15-0075991 | | |
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| Date Assigned: | 04/27/2015 | Date of Injury: | 01/10/2013 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 03/18/2015 |
| Priority: | Standard | Application Received: | 04/21/2015 |

## 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: Internal Medicine

## 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 53 year old male who sustained an industrial injury on 01/10/2013. Current diagnoses include cervical IVD with myelopathy, periarthritis-shoulder, epicondylitis, carpal tunnel syndrome, and ulnar nerve lesion. Previous treatments included medication management and surgery. Previous diagnostic studies include an MRI in 2013. Report dated 03/06/2015 noted that the injured worker presented with complaints that included left shoulder pain, left wrist/hand pain, left forearm/elbow pain. It was further noted that the injured worker has numbness and tingling. Pain level was 3 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included requests for medical records, updated MRI of the cervical spine and left shoulder, acupuncture, home interferential stimulator unit, prescribed medications, and follow up in 45 days. Disputed treatments include an MRI of the cervical spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses cervical spine MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. MRI may be recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. The date of injury was 01-10-2013. Regarding the mechanism of injury, the patient sustained an injury to the left elbow after lifting linen sheets from a cart. The treating physician's report dated 3/6/15 documented left shoulder and upper extremity pain. The treating physician was requesting the patient's medical records for review. Updated MRI studies of the cervical spine were recommended by the treating physician. But past imaging studies were not reviewed or referenced. The dates and results of past imaging studies were not documented. The rationale for an updated MRI of the cervical spine was not documented. The patient did not report neck pain. No new injuries were reported. No injury to the cervical spine was documented. No physical examination of the cervical spine was documented. The 3/6/15 progress report does not provide support or a rationale for the request for MRI of the cervical spine. Without a documented physical examination of the cervical spine, the request for MRI is not supported. Therefore, the request for MRI of cervical spine is not medically necessary.