

<b>Case Number:</b>	CM15-0079238		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	03/15/2010
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 52 year old male who sustained an industrial injury on 03/15/2010. He reported an injury to the left side of the body with resultant injury to the cervical and lumbar spine. He is now situation post ACDF (anterior decompression and instrumentation for fusion) in September 2011, C4-C7, and a lumbar fusion L5-S1 in August 2012 and a left shoulder arthroscopy in May 2013. The injured worker was diagnosed as having lumbar radiculopathy, status post L5-S1 POLAR (posterior oblique lumbar arthrodesis) instrumentation with fusion. According to the primary treating physician's progress report of 03/06 2015, the Injured Worker states his current medications regime is not helping his symptoms and he is having severe break through pain that diminishes his quality of life. Currently, the injured worker complains of persistent lower back and lower extremity pain along with neck pain and stiffness with decreased range of motion. A treatment plan is for continuation of oral pain medications, and a request for surgical evaluation for the ongoing and increasing cervical pain. Treatment to date has included the above surgeries and medications, psychiatric counseling, and pain management. On 03/14/2015, a request for authorization was made for a right lumbar epidural block at L4-5, L3-4, and a complete MRI of the cervical and lumbar spine. A revision laminectomy was recommended for certification 03/26/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck- Magnetic resonance imaging (MRI).

**Decision rationale:** MRI cervical spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The ODG states that an MRI can be ordered with progressive neurologic deficits and radiographs revealing spondylosis, equivocal or positive findings, or trauma or if the patient has chronic neck pain and the radiographs reveal disc margin destruction. The documentation does not indicate evidence of red flag findings or progressive neurological deficits or clear rationale for this request therefore the request for an MRI of the cervical spine is not medically necessary.