

<b>Case Number:</b>	CM15-0091990		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	09/01/2005
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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 65 year old female, who sustained an industrial injury on 9/1/2005. Diagnoses have included chronic neck pain and C6-7 herniated nucleus pulposus (HNP). Treatment to date has included cervical fusion and medication. Currently, the injured worker complained of pain in the neck and upper back, chronic and stable, with no arm paresthesia or radiation noted. Physical exam revealed an anterior neck scar from cervical laminectomy and fusion. Arm strength was intact. Neurological exam was unremarkable. The injured worker was retired from work. Authorization was requested for magnetic resonance imaging (MRI) of the cervical and thoracic spines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Thoracic Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar and Thoracic - Online Version MRI's.

**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. Medical records document a history of anterior cervical laminectomy right neck and cervical fusion at C5-6 and C6-7. The primary treating physician's progress report dated 4/8/15 and 3/4/15 and 1/30/15 do not document a physical examination. No physical examination was documented. The Doctors Supplement Report dated 04/17/15 documented complaints of neck and upper back pain. On physical examination, there were anterior neck scars on the right from cervical laminectomy and fusion. Strength was intact in both arms. There were strong grip and reflexes noted. The neurological examination was unremarkable with no motor or sensory deficits and no wrist drop signs. Repeat magnetic resonance imaging MRI of cervical spine and MRI of thoracic spine were requested. The results and dates of past MRI studies were not documented. No tenderness was documented physical examination. No neurologic deficits were documented. A rationale for repeat magnetic resonance imaging MRI of cervical spine and MRI of thoracic spine was not presented. The medical necessity of a repeat MRI of thoracic spine was not established. Therefore, the request for repeat MRI of thoracic spine is not medically necessary.

**MRI of Cervical Spine:** 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): 177-179, 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. Medical records document a history of anterior cervical laminectomy right neck and cervical fusion at C5-6 and C6-7. The primary treating physician's progress report dated 4/8/15 and 3/4/15 and 1/30/15 do not document a physical examination. No physical examination was documented. The Doctors Supplement Report dated 04/17/15 documented complaints of neck and upper back pain. On physical examination, there were anterior neck scars on the right from cervical laminectomy and fusion. Strength was intact in both arms. There were strong grip and reflexes noted. The neurological examination was unremarkable with no motor or sensory deficits and no wrist drop signs. Repeat magnetic resonance imaging MRI of cervical spine and MRI of thoracic spine were requested. The results and dates of past MRI studies were not documented. No tenderness was documented physical examination. No neurologic deficits were documented. A rationale for repeat magnetic resonance imaging MRI of cervical spine and MRI of thoracic spine was not presented. The medical necessity of a repeat MRI of cervical spine was not established. Therefore, the request for repeat MRI of cervical spine is not medically necessary.