

<b>Case Number:</b>	CM14-0140883		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 36 year old right hand dominant male who sustained work-related injuries on March 4, 2013. Per the February 6, 2014, the injured worker was deemed to be permanent and stationary. The whole person impairment is 35%. Based on his initial evaluation dated June 5, 2014, the injured worker reported ongoing neck pain radiating to the left extremity as well as left shoulder pain. He underwent a prior injection and physical therapy, which provided partial improvement of symptoms. However, he reported he has had very minimal improvement of his neck pain symptoms or the left upper extremity and index fingers with treatment including physical therapy, oral anti-inflammatory agents, muscle relaxants, and analgesics. He had cervical x-rays of the spine done on March 27, 2014. The x-rays showed straightening of the cervical spine, degenerative changes at C3-4, C4-5, and C5-6. A magnetic resonance imaging scan of the cervical spine performed on March 20, 2013 showed 3 mm disc protrusion at C3-4 abutting the cord without foraminal narrowing. He had a posterior annular tear of the C4-5 disc with protrusion abutting the thecal sac. A 3.9 mm disc bulge at C5-6 abutting the cord, causing stenosis, and combined with facet arthropathy was noted. There was also a 2.8 mm disc bulge at C6-7 abutting the thecal sac with facet arthropathy and bilateral neural foraminal narrowing; central focal disc protrusion abutting the thecal sac at C7-T1; Schmorl's node at C5; and straightening of the cervical lordosis. A neck examination revealed some loss of lordosis of the cervical spine with a much straightened neck and tenderness in the extensor muscles of the neck, which was greater on the left than right. Tenderness was noted in the mid-trapezius and over the apex of the shoulder, the supra and the subscapularis muscles. The range of motion was limited by pain in flexion and right lateral bending. The compression test caused radicular symptoms into the left upper extremity. Sensation was decreased in the left upper extremity over the brachioradialis, dorsum of the thumb and index finger. The upper

extremity examination noted 1+ triceps bilaterally tendon reflex. He has reduced abduction. He also has decreased flexion of the left shoulder associated with pain. Extension of the shoulder is reduced with significant pain. There is some tenderness over the acromioclavicular joint with elevation. The gait was slightly antalgic favoring the right knee. He underwent urine toxicology screening on June 5, 2014 which was positive for opioids particularly hydromorphone and norhydrocodone. He is diagnosed with (a) cervical radiculopathy, (b) cervical stenosis, (c) cervical myofascial pain, (d) left shoulder pain, and (e) right knee pain.

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

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

**MRI of the cervical spine (3 Tesla Closed MRI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, Chapter:Neck, Magnetic Resonance Imaging ((MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Magnetic Resonance Imaging (MRI)

**Decision rationale:** Evidence-based guidelines indicate that a repeat magnetic resonance imaging scan is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, neuro compression, or recurrent disc herniation). In this case, the injured worker is noted to have a recent magnetic resonance imaging scan of the cervical spine on March 20, 2013. The treating physician reasoned out that a high-powered magnetic resonance imaging scanner was not used. However, based on the records received, there are no significant or progressive findings that would warrant a repeat magnetic resonance imaging. All neurological findings remained the same and have been properly detected. There is no indication that the previous magnetic resonance imaging scan of the cervical spine have failed to help properly diagnose the injured worker's condition. Therefore, the medical necessity of the requested magnetic resonance imaging of the cervical spine is not established.