

<b>Case Number:</b>	CM14-0152721		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	08/28/1998
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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 Pain Management and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 54 year female with an injury date of 08/28/98. Based on the 08/12/14 progress report provided by 08/12/14 progress report provided by [REDACTED], the patient complains of neck pain rated 7/10. Medications reduce pain 50%. Physical examination to the cervical spine reveals spasms, painful and decreased range of motion. There is a healed scar anteriorly. Radiculopathy bilaterally at C5-7. Tenderness to palpation over the cervicotracheal ridge. Exam of the bilateral hands and wrists reveal a healed scar bilaterally. Positive Tinel and Phalen bilaterally. Treater recommends update of cervical spine. Diagnosis 08/12/14- status post cervical fusion C5-C6- chronic cervical radiculopathy- lumbar spine degenerative disc disease- lumbar facet arthropathy- intractable pain- history of bilateral carpal tunnel release with residuals MRI of the Cervical Spine 04/03/13- status post anterior cervical discectomy and fusion with additional posterior fusion hardware- At C6/C7, a 3.0mm broad-based left paracentral disc protrusion- At C3/C4, a 2.0mm broad-based central disc protrusion- At C4/C5, a 3.0mm broad-based central disc protrusion- moderate discogenic spondylosis, C3-C5, C6/C7 [REDACTED] is requesting MRI of the Cervical spine. The utilization review determination being challenged is dated 09/06/14. The rationale is: "there was no recent change in the patient's neurological status..." [REDACTED] is the requesting provider, and he provided treatment reports from 04/03/13 - 08/12/14.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** Patient presents with neck pain rated 7/10. The request is for MRI of the Cervical spine. Physical examination to the cervical spine dated 08/12/14 reveals bilateral radiculopathy at C5-7. Per MRI of the Cervical Spine dated 04/03/13, she is status post anterior cervical discectomy and fusion with additional posterior fusion hardware. ACOEM Guidelines state, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. In this case, patient presents with radicular symptoms per physical exam dated 08/12/14. However, there is no evidence of progressive neurologic deficit to warrant an updated MRI. Previous MRI study is dated 04/03/13. Furthermore, physical exam findings were unremarkable, and patient doesn't present with any red flags such as myelopathy or bowel or bladder symptoms, fractures or dislocation/infection. The request for MRI of the cervical spine is not medically necessary.