

<b>Case Number:</b>	CM14-0173184		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Physical Medicine 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 30-year-old female with an injury date of 08/29/13. The 09/11/14 report by [REDACTED] states that the patient presents with lumbar pain and spasm with stiffness and difficulty with prolonged standing and sitting, lifting, pushing, pulling, and bending. The patient had to lie on the exam bed due to inability to sit for a long period. She is on temporary modified work. Lumbar examination shows tenderness to palpation, spasm, and guarded motion due to pain. The patient's diagnoses include lumbar sprain strain Evaluate for early cervical myelopathy. MRI from 2013 suggestive of signal intensity change in the cord at C2-3, C3-4. (08/11/14 report by [REDACTED]). Lumbar mild discogenic changes at L3-4 and L4-5 (08/11/14 report by [REDACTED] Naraghi). Evaluate to rule out other etiologies of the cervical spine cord tumor, etc., versus myelomalacia. (08/11/14 report by [REDACTED]). The utilization review being challenged is dated 10/03/14. The rationale is that the request was submitted in error per case discussion. There is no current documentation available for review with findings related to the cervical spine. Reports were provided from 05/02/14 to 10/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical MRI Arthrogram:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MR Arthrograms in the Shoulder, Ankle, Knee and Leg Chapters, Neck & Upper Back Chapter, MRI topic

**Decision rationale:** The patient presents with lumbar pain and spasm with stiffness. The treater requests for cervical MRI with contrast. ODG guidelines discuss MR Arthrograms in the Shoulder, Ankle, Knee, and Leg Chapters. ODG Neck & Upper Back chapter, MRI topic, states that, " Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)" On 09/11/14 [REDACTED] states that the patient continues with pain, clinical examination is significantly positive and she has failed conservative treatment including injection, therapy and medication. The treater is in agreement with [REDACTED] and will request for the MRI. [REDACTED] cites a prior 12/18/13 C-spine MRI and requests MRI with contrast to "evaluate to rule out other etiologies of the cervical spine, cord tumor etc. vs. myelomalacia." The previous MRI apparently showed signal change of spinal cord. Given the treater's concern and the findings on prior MRI, a follow-up study with contrast would appear reasonable. Recommendation is for authorization.