

<b>Case Number:</b>	CM14-0209458		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	08/13/2013
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year old female patient, who sustained an industrial injury on 8-13-13. The diagnoses include cervical disc displacement (herniated nucleus pulposus) and cervical spine degenerative disc disease. Per the UR dated 11/18/14, she sustained the injury when a bedside monitor fell off a wall and hit her on the head. Per the doctor's note dated 5-27-14, she had complaints of neck pain rated as 8 of 10, headache at 7/10, left ear pain and left calf pain. Physical exam findings on 5-27-14 included tender cervical paraspinal muscles with stiffness, Cervical spine decreased range of motion with positive cervical distraction and compression tests, Decreased sensation in bilateral upper extremities with decreased motor strength; left calf-well healed contusion and full range of motion of the knee and ankle. Per the UR dated 11/18/14, she had cervical MRI on 1/8/2014; EMG/NCS dated 3/28/14 with normal findings. These prior diagnostic study reports were not specified in the records provided. Treatment to date was not discussed in the submitted medical records. The treating physician requested authorization for a MRI of the cervical spine and x-rays of the cervical spine with AP, lateral, flexion, and extension views. On 11-18-14 the requests were non-certified by utilization review.

### 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 Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 06/25/15), Magnetic resonance imaging (MRI).

**Decision rationale:** MRI of the Cervical Spine. The ACOEM guidelines recommend MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, Not recommended: Imaging before 4 to 6 weeks in absence of red flags. A recent detailed clinical evaluation note is not specified in the records provided. The records provided did not specify any progression of neurological deficits in this patient. Per the records provided, she had cervical MRI on 1/8/2014; EMG/NCS dated 3/28/14 with normal findings. These prior diagnostic study reports were not specified in the records provided. Per ODG neck/upper back guidelines cited below, 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). Significant change in signs or symptoms since the previous cervical MRI that would require a repeat cervical spine MRI is not specified in the records provided. Evidence of failure of recent conservative therapy including pharmaco-therapy is not specified in the records provided. The medical necessity of MRI of the cervical spine is not medically necessary for this patient.

## **X-Rays of the Cervical Spine with AP, lateral, flexion and extension views: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** X-Rays of the Cervical Spine with AP, lateral, flexion and extension views. Per the ACOEM guidelines For most patients presenting with true neck or upper back problems, 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, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. Per the records provided the patient had chronic neck pain rated as 8 of 10, headache at 7/10. The patient has objective findings on the physical examination tender cervical paraspinal muscles with stiffness, Cervical spine decreased range of motion with positive cervical distraction and compression tests, Decreased sensation in bilateral upper extremities with decreased motor strength. It is medically appropriate to perform cervical spine X-rays, as an initial imaging study, to evaluate the patient's chronic neck symptoms. The request of X-Rays of the Cervical Spine with AP, lateral, flexion and extension views is medically appropriate and necessary for this patient.

