

<b>Case Number:</b>	CM13-0013814		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	02/07/2008
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	07/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

43 year old female with date of injury 2/7/08. Exam note from 4/25/13 demonstrates complaint of neck pain with worsening numbness in bilateral upper extremities over the last year. Report of positive Spurling's sign and decreased sensation to pinprick and fine touch in the 4th and 5th digits of the right hand and decreased grip strength bilaterally 5-/5. EMG/NCV testing on 5/23/13 demonstrates mild L5 radiculopathy and mild bilateral carpal tunnel syndrome and mild to moderate bilateral ulnar nerve entrapment at the elbows. MRI cervical spine dated 5/30/12 demonstrates C5/6 2 mm midline disc bulge and C6/7 2 mm disc bulge.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, MRIs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, MRIs.

**Decision rationale:** In this case the patient had an MRI obtained 5/30/12 of the cervical spine. There is lack of medical documentation in the record to warrant repeat MRI. Therefore the determination is non-certification.