

<b>Case Number:</b>	CM13-0014350		
<b>Date Assigned:</b>	10/03/2013	<b>Date of Injury:</b>	09/14/2004
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 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 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:

The applicant is a represented [REDACTED] employee who has a filed a claim for hand and wrist tenosynovitis reportedly associated with an industrial injury of September 14, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior right shoulder arthroscopy in 2007; and extensive periods of time off of work, on total temporary disability. In a utilization review report of July 24, 2013, the claims administrator denied a request for cervical MRI. The applicant's attorney later appealed on August 20, 2013. An earlier handwritten progress note of July 10, 2013 is difficult to follow, not entirely legible, notable for comments that the applicant is off of work. The applicant is receiving physical therapy and is on Norco and Voltaren for pain relief. There is associated tenderness and diminished range of motion noted. Additional physical therapy is sought while the applicant remains off of work, on total temporary disability. One of the diagnoses apparently includes cervical strain/sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG, Neck and Upper Back, Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that an MRI is shown to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings. MRI imaging can also be endorsed to evaluate possible red flag diagnosis such as tumor, fracture, infection, trauma, etc. In this case, however, there is no clear evidence of nerve root compromise either historically or on exam. There is no indication or evidence that the applicant would act on the results of the cervical MRI and/or would consider a surgical remedy were it offered to him. There is no clearly voiced suspicion of any red flag diagnosis such as tumor, fracture, infection, etc. The request remains non-certified, on independent medical review.