

<b>Case Number:</b>	CM13-0041417		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 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 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 patient is a 57-year-old female with a date of injury of 10/06/2010. The listed diagnoses per [REDACTED], dated 08/15/2013 are: 1. Left cervical strain with left upper extremity cervical radiculitis; and 2. Status post left carpal tunnel release and left elbow carpal tunnel release on 11/19/2012. According to report dated 08/15/2013, by [REDACTED], the patient presents with neck, left wrist and left elbow pain. Examination of the cervical spine shows tenderness to palpation of the paracervical, levator scapulae, medial trapezius and parascapular muscles. Positive levator scapulae and trapezius muscle spasm was noted. The cervical spine range of motion revealed flexion 35, extension 25 with pain, right lateral bending 15, and right rotation 60 and left 70. The Spurling's was noted as positive. An x-ray of cervical spine dated 05/30/2013, showed negative for fracture, dislocation, subluxation or disc space narrowing. The treater requests an MRI of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of spinal canal and contents of cervical without contrast material:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269 165-166 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC.

**Decision rationale:** This patient presents with neck pain. The treater is requesting an MRI of the cervical spine. The MTUS/ACOEM Guidelines has the following criteria for ordering imaging studies: "Emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure." However, the ACOEM guidelines may be more appropriately applied for acute and subacute cases. For chronic conditions, the ODG guidelines recommend MRI studies for chronic neck pain after three (3) months of conservative treatment when radiographs are normal and neurologic signs or symptoms are present. This patient has had more than three (3) months of conservative care, and does present with neurologic symptoms, with radicular pain and positive spurling's maneuvers. The recommendation is for authorization.