

<b>Case Number:</b>	CM13-0043485		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/01/1987
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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:

This case involves a 55-year-old male injured worker with a date of injury of 09/01/87. A cervical MRI performed in 2010 showed a notable central disc protrusion at C5-C6 and C4-C5 along with relative lateral stenosis at both levels. MRI studies were also performed on the bilateral shoulders, bilateral knees, lumbar spine, and bilateral hips; an electromyography/nerve conduction study (EMG/NCS) was also performed on the bilateral upper extremities demonstrating a mixed moderate to severe motor and sensory median nerve carpal tunnel at the wrists bilaterally, there were also moderate chronic and subacute EMG changes of a bilateral C6 cervical radiculopathy. A progress note, dated 9/16/13 indicated that the injured worker was seen for a routine follow-up for neck pain with radicular symptoms into his arms with numbness and tingling in the hand and the first and second digits of the right hand. It was noted that the injured worker was a candidate for evaluation of cervical radiculopathy, with a cervical MRI recommended. He is status post lumbar laminectomy of the L4-L5 left. The date of UR decision was 10/15/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical MRI without contrast:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013, Neck and Upper Back.

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

**Decision rationale:** The MTUS/ACOEM Guidelines support the ordering of imaging studies for emergence of red flags that would include unequivocal findings which would identify specific nerve compromise on neurologic examination if symptoms persist. The injured worker has had a cervical MRI scan in the past as well as an electromyography/nerve conduction study (EMG/NCS) of both upper extremities that provided evidence of a bilateral C6 cervical radiculopathy. According to the 09/16/13 progress note, this request would be used to determine whether or not the injured worker has any pathology that can be treated with physical therapy of the neck. The only record available for my review prior to the 09/16/13 note was dated 07/27/10. At that time there was no mention of radicular symptoms into the arms or numbness in the hand, which were noted on the 09/16/13 visit. To inform future treatments, the request for cervical MRI is medically necessary.