

<b>Case Number:</b>	CM13-0045435		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/09/2013
<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 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 [REDACTED] employee who has filed a claim for neck pain reportedly associated with an industrial injury of September 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and work restrictions. It appears that the applicant is alleging cumulative trauma as opposed to a specific injury. In a Utilization Review Report of October 9, 2013, the claims administrator reportedly denied a request for cervical MRI imaging. The applicant's attorney subsequently appealed. On December 5, 2013, the applicant presented with neck pain, radiating to the right hand with associated numbness, low back pain, thumb pain, knee pain, poor concentration, irritability, anxiety and insomnia. The applicant is separated, with five children. The applicant exhibits normal cranial nerve testing and strength ranging from 3/5 to 5/5 about the upper extremities. No sensory deficits were noted. The applicant was placed off of work, on total temporary disability, issued prescriptions for several analgesic medications and topical compounds. On October 28, 2013, the applicant was again placed off of work, on total temporary disability. She reported persistent neck pain with burning and numbness about the hand. Grip strength was essentially symmetric, however. There was some evidence of decreased sensorium noted in the C6-C7 distribution with strength about the right upper extremity ranging from 4+/5 to 5/5 versus 5/5 about the left upper extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for an MRI of the cervical spine:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** As noted in the MTUS-adopted ACOEM guidelines in Chapter 8, Table 8-8, MRI imaging is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical findings, in preparation for an invasive procedure. In this case, the applicant does have signs and symptoms of an active cervical radiculopathy as evinced by diminished right upper extremity strength and sensorium noted on multiple visits with multiple providers on multiple occasions referenced above. Conservative treatment has seemingly been tried and failed. Obtaining an MRI imaging to clearly delineate the extent of nerve root involvement is indicated and appropriate here. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.