

<b>Case Number:</b>	CM13-0052559		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/01/1982
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 63 year old male who reported an injury on 09/01/1982, whose injuries were sustained on a continuous trauma basis while employed as a professional basketball player by the [REDACTED]. Clinical notes indicate that the patient continues to be symptomatic with weakness of bilateral hands. Notes indicate on physical examination that the patient had some limitations of range of motion in the cervical spine; however, the shoulders did not show any sign of abnormalities. Based on a medical report from [REDACTED] dated September 10, 2008 who indicated, based on x-ray findings, that the cervical spine series revealed degeneration from C4 through C7. Based on a clinical note dated 4/18/2013, the patient reports having had left-sided ulnar nerve transposition for severe cubital syndrome. He had surgery because he had evidence of motor denervation in the ulnar innervated muscles in bilateral hands. He was also having a lot of subjective weakness in bilateral hands. His Electromyography (EMG) showed severe drop in conduction velocity across the ulnar nerves in both elbows. Based on his physical examination, he still has a Tinel sign that is progressing down the arm and the Tinel sign is not in the area of Guyon canal. Unfortunately, the patient has not noticed any subjective improvement in his strength, but it has been found that the progressive muscle atrophy or hand weakness has been at least stopped. So, his weakness has not progressed. At issue is the request for a RUSH MRI C-Spine without Contrast which was denied or lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI C-Spine without Contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 to 179.

**Decision rationale:** The request for MRI Cervical-Spine without Contrast is not medically necessary. There is some inconsistency with the physical findings and EMG/NCV studies previously performed on this patient. There was documentation of limitation of cervical spine range of motion with no mention of any shoulder involvement or positive findings. Guidelines indicate that the criteria for ordering imaging studies includes emergence of a red flag, physiological evidence of tissue insult, or neurological dysfunction and failure to progress in a strengthening program intended to avoid surgery as well as for clarification of the anatomy prior to an invasive procedure, the documentation submitted for review fails to indicate a significant neuropathology of the cervical spine to warrant imaging studies. Therefore the request for MRI of the cervical spine without contrast is not medically necessary.