

<b>Case Number:</b>	CM13-0055341		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/28/2009
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 & Rehabilitation, 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 injured worker is a 64 year old male who reported shoulder, low back and neck pain after falling from a ladder at work on 01/28/2009. His symptoms include pain in the shoulders, neck and back radiating into the left and right arm down to the hands as well as pain radiating into the left leg. He was treated with conservative methods including medications, physical therapy, SI injections and epidural steroid injections. Records show he underwent right shoulder surgery in August 2009 and left shoulder injury in May 2010. Cervical; x-rays dated 04/27/2012 showed straightening of the normal lordosis, anterior mineralization of C4-5, C6-7 and mild bony encroachment noted in the foramen at C4-5 and C5-6 and on the right at C3-4. During the latest office visit note from 10/03/2013 the patient had complaints of neck pain that radiates into the left greater than right arm down to the dorsum of the hand with numbness. Physical examination revealed decreased grip strength and sensation in the left hand. Positive Tinel's sign is documented on the left, and negative on the right. His treating doctor requested a MRI of the cervical spine and EMG/NCV studies to determine if there is nerve root or peripheral entrapment or double crush syndrome and the MRI was to evaluate cervical crepitus and patient safety. The EMG/NCV was approved, however, the cervical MRI is the reason for this review. The MRI was denied based on the approval of the EMG. The utilization review states once the results of the EMG/NCV are documented then a MRI may be warranted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 of 4 Outpatient Cervical MRI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165,177-178.

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

**Decision rationale:** According to the MTUS, ACOEM guidelines, an EMG and NCV may help to identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3-4 weeks. If the evidence indicates tissue insult or nerve impairment, then an imaging test to define a potential cause (i.e. MRI) should be performed. In this case, the patient has been complaining of neurological issues in the left arm and hand. He has been approved for an EMG, the results of the EMG/.NCV were not provided and therefore, this request is non-certified.