

<b>Case Number:</b>	CM13-0059018		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/18/2012
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 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 61 year-old patient sustained an injury on 1/18/12 while employed by [REDACTED], [REDACTED]. Request under consideration include MRI of the cervical spine. Report of 10/3/13 from provider noted patient with continued significant tingling and numbness in all digits of right hand with wrist and elbow pain and shoulder and neck discomfort. Exam showed moderate right shoulder stiffness with positive impingement sign and some crepitus on passive range; mild swelling and tenderness over right cubital tunnel with positive compression test and elbow flexion test; positive Tinel's and Phalen's signs on right with diminished light touch in right thumb, middle, ring and small fingers. Previous EMG showed cervical radiculitis at C7. Medication lists Voltaren, Protonix, and Tramadol. Request for MRI of cervical spine was non-certified on 10/28/13 citing guidelines criteria and 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 of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2007)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 177-179.

**Decision rationale:** This 61 year-old patient sustained an injury on 1/18/12 while employed by [REDACTED]. Request under consideration include MRI of the cervical spine. Report of 10/3/13 from provider noted patient with continued significant tingling and numbness in all digits of right hand with wrist and elbow pain and shoulder and neck discomfort. Exam showed moderate right shoulder stiffness with positive impingement sign and some crepitus on passive range; mild swelling and tenderness over right cubital tunnel with positive compression test and elbow flexion test; positive Tinel's and Phalen's signs on right with diminished light touch in right thumb, middle, ring and small fingers. Previous EMG showed cervical radiculitis at C7. Medication lists Voltaren, Protonix, and Tramadol. Per Guidelines regarding Special Studies and Diagnostic, criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study with correlating dermatomal or myotomal deficits consistent with specific level of nerve impingement. The patient has had an EMG showing "radiculitis" and current symptoms of diffuse pain in neck, shoulder and elbow pain with impingement sign and positive provocative testing of the elbow and wrist do not correlate with cervical spine etiology. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the cervical spine is not medically necessary and appropriate.