

<b>Case Number:</b>	CM13-0060203		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of December 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; apparent diagnosis with ulnar neuropathy and C7 radiculopathy on earlier electrodiagnostic testing, per the claims administrator; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated November 7, 2013, the claims administrator denied a request for cervical MRI imaging on the grounds that the applicant already had a definitive diagnosis of ulnar neuropathy which would account for the applicant's ongoing neuropathic pain complaints. The claims administrator did not, however, incorporate cited guidelines into its rationale. In a September 20, 2013 office visit, the applicant presented with persistent neck and upper extremity pain. The applicant also reported constant radiation of pain in the left shoulder and left arm with numbness and tingling about the left hand, including the left small and ring fingers. The applicant was status post two ulnar nerve decompression surgeries in 2007 and 2008. It was stated that the applicant was working regular duty. Diminished sensorium was noted by the C6- C7 dermatome. The attending provider stated that he would like to obtain cervical MRI imaging to establish the presence or absence of a herniated disk responsible for the applicant's ongoing neuropathic symptoms. The attending provider did allude to earlier electrodiagnostic testing demonstrating a mild chronic C7 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL WITH CONTRAST MATERIALS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI or CT imaging is recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, the test in question was requested by a spine surgeon, implying that the applicant would act on the results of the study in question and/or consider a surgical remedy were it offered to him. The applicant did and does have ongoing complaints of neck pain radiating to the left arm, with associated hyposensorium appreciated about the left arm on exam. The applicant has had earlier electrodiagnostic testing of August 2013 which demonstrated a chronic cervical radiculopathy. Obtaining MRI imaging to delineate the presence or absence of a lesion amenable to surgical correction is indicated. Therefore, the request is medically necessary.