

<b>Case Number:</b>	CM13-0065647		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/01/2009
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 patient is a 41-year-old female who reported an injury on 06/01/2009. The mechanism of injury was not provided for review. The patient ultimately underwent cervical fusion. The patient's most recent clinical documentation noted that the patient was having increasing symptomatology. Physical findings included tenderness and spasming to the cervical paraspinal columns, with a positive Tinel's sign to the right upper extremity. It was noted that the patient had decreased sensation in the right upper extremity and limited range of motion of the cervical spine. The patient's diagnoses included depressive disorder, ulnar neuropathy, degenerative joint disease, cervicogenic disc pathology, cervical radiculopathy, and a musculoligamentous injury to the lumbosacral and cervical spine. The patient's treatment plan included a repeat cervical MRI to rule out nerve entrapment, and a trial of acupuncture.

### 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 ACOEM Chapter 8 Neck and Upper Back Complaints, Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, MRI

**Decision rationale:** The requested MRI of the cervical spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend MRIs for patients with neck and upper back injuries that have physical findings of neurological deficits. The patient's most recent clinical evaluation documented that the patient had a positive Tinel's sign and decreased sensation over the right upper extremity. There was no clear indication that the patient's pain was radicular or neuropathic in nature. The Official Disability Guidelines do recommend repeat imaging studies for patients who have progressive neurological symptoms. The clinical documentation does indicate that the patient has progressive symptoms. However, there is no documentation that the patient has received any recent conservative therapy to address the patient's symptoms. There is no documentation that the patient is participating in a home exercise program or had received any recent active therapy. As such, the requested MRI of the cervical spine is not medically necessary or appropriate.