

<b>Case Number:</b>	CM14-0103001		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 and is licensed to practice in Alabama, Maryland, and New York. 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:

Patient is a 32 year old female who had injury to her left elbow/hand after being locked on 10/28/10. She has had a lengthy history of numbness and tingling in the left hand involving the ulnar nerve distribution since ; this was confirmed with electrodiagnostic testing which showed ulnar nerve entrapment. Symptoms were refractory to conservative care. She is now status post ulnar nerve decompression and medical epicondylectomy. She is now complaining of contralateral tingling/pain and a cervical MRI has been ordered and is questioned here.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As per the CA MTUS CPMT guidelines, a cervical spine MRI may be considered if symptoms are arising from the spinal cord/central symptoms. Based on the medical records, the source of patient's symptoms has been identified as ulnar neuropathy both clinically and through electrodiagnostic studies. Cervical spine MRI maybe considered after a thorough

clinical examination with supported central symptoms. Therefore more documentation is needed to justify the need for a cervical MRI in this case.