

<b>Case Number:</b>	CM14-0118516		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/30/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 34-year-old male, who reported an injury on 07/20/2013. The mechanism of injury was not provided for clinical review. The diagnoses included left shoulder impingement syndrome, left cubital tunnel syndrome, C5-6 disc displacement/annular tear, left active C5-6 radiculopathy confirmed by EMG, costochondritis. Previous treatments included cervical epidurogram, medication, and physical therapy. Diagnostic testing included an MRI dated 09/25/2013 and an EMG/NCV. Within the clinical note dated 06/18/2014, it was reported the injured worker complained of neck pain, which radiated down the left upper extremity in the C5 and C6 dermatomes with new onset of numbness and pain in the C7 and C8 dermatomes. He rated his pain 7/10 in severity. The injured worker continued to have left shoulder pain rated 7/10 in severity. Upon the physical examination of the cervical spine and upper extremities, the provider noted the injured worker had tenderness to palpation in the paracervical muscles. The provider noted tenderness over the base of the neck. The provider indicated the injured worker had tenderness over the base of the skull. The injured worker had tenderness over the trapezius musculature bilaterally. The injured worker had tenderness over the anterior cervical muscles. The provider noted the injured worker had decreased sensation on the left C6 dermatome, but no greater degree on the left C7 and C8 dermatomes. The provider noted the range of motion was flexion at 30 degrees and extension at 34 degrees. The previous MRI dated 09/25/2013 of the cervical spine noted a small disc bulge at C5-6, no spinal cord compression, and mild left foraminal stenosis. The provider requested an MRI of the cervical spine, since the injured worker's symptoms have changed. The Request for Authorization was submitted on 01/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Chapter on Low Back-Repeat MRI's

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

**Decision rationale:** The request for cervical MRI is not medically necessary. The California MTUS/ACOEM Guidelines note that criteria for ordering imaging studies include emergence of red flag, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. There is lack of documentation indicating the injured worker was unresponsive to conservative treatment. There is lack of documentation indicating the injured worker had red flag diagnoses or the intent to undergo surgery requiring an MRI. Therefore, the request is not medically necessary.