Case Number:	CM14-0176893		
Date Assigned:	10/30/2014	**Date of Injury:**	03/06/2013
Decision Date:	12/17/2014	**UR Denial Date:**	09/26/2014
Priority:	Standard	**Application Received:**	10/24/2014

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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 51-year old male who sustained an industrial injury on 03/06/13. Prior evaluations included electrodiagnostic studies of the bilateral upper extremities on 03/27/14 showing no cervical radiculopathy, slight bilateral carpal tunnel syndrome and slight to moderate bilateral cubital tunnel syndrome. The AME note from 06/09/14 showed 75% of normal cervical spine range of motion, negative Spurling's maneuver and normal upper extremity neurological examination. The clinical note from 09/08/14 was reviewed. He had a procedure done for calcium deposits of his left shoulder on 07/24/14. Menthoderm gel was reportedly beneficial. His pertinent complaints included bilateral hip pain, bilateral shoulder pain, bilateral wrist pain, bilateral elbow and forearm pain, low back pain and upper back pain mostly in the parathoracic / interscapular muscles and greater on the left than the right. Pertinent objective findings included muscle spasm and tenderness in paracervical muscles, flexion of cervical spine was 90% of normal, extension was 70% of normal, lateral flexion was 80% of normal on right side and 60% of normal on left side with a positive Spurling's sign to the left causing upper scapular pain. Pertinent diagnosis was cervical strain with left sided radiculitis and radiculopathy. The plan of care included Norco, Flexeril, Naproxen, Omeprazole, Menthoderm gel and MRI of cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178.

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

Decision rationale: The ACOEM guidelines for neck and upper back complaints recommend imaging for emergence of red flags or in the presence of physiologic evidence of tissue insult or neurologic dysfunction. Physiologic evidence may in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study, EMG and NCV may be helpful. The employee had upper back pain in the parathoracic / interscapular muscles. He was being treated with medications including Norco, Flexeril and Naproxen. He had positive Spurling's test to the left. There was no documented sensory examination or motor strength examination of upper extremities. The most recent electrodiagnostic study from March 2014 was negative for cervical radiculopathy. Given the lack of findings of radiculopathy, the MRI of cervical spine is not medically necessary or appropriate.