

<b>Case Number:</b>	CM14-0028405		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/27/1993
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 71-year-old female who reported an injury on 07/27/1993. The mechanism of injury was not provided for review. The injured worker's extensive treatment history included an EMG/NCV of the bilateral upper extremities on 07/27/2010 that documented nerve root irritation at the left C7, and an MRI dated 08/23/2006 that concluded there was spinal stenosis of the C4-5 and C5-6. The injured worker was evaluated on 12/18/2013. It was documented that the injured worker had ongoing pain complaints of the cervical spine that radiated into the bilateral upper extremities which caused the injured worker to have an increase in dropping objects. Physical findings included restricted range of motion of the cervical spine with a Spurling's maneuver that caused pain but no radicular symptoms. There was significant tenderness over the cervical facets from the C2 to the C3 bilaterally. There was decreased sensation over the thumb index finger and little finger bilaterally. The injured worker's diagnoses included cervical spinal stenosis, muscle spasms, extremity pain, cervical pain, and occipital neuralgia. A request was made for an electrodiagnostic study of the bilateral upper extremities and an MRI of the cervical spine on 12/26/2013 due to increasing neurological symptoms.

### 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.

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

**Decision rationale:** The requested MRI of the cervical spine is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends imaging studies for the cervical spine when there is documentation of neurological deficits. The clinical documentation submitted for review included a chart note from 12/19/2013. In that chart note, it was documented that the injured worker had a positive Spurling's sign for cervical pain, but without radicular symptoms. It was later noted in the same document that the injured worker had a positive Spurling's sign with radiating symptoms into the bilateral hands. Due to the inconsistencies within the same clinical evaluation, the need for an MRI is not clearly indicated. As such, the requested magnetic resonance images of the cervical spine are not medically necessary or appropriate.