

<b>Case Number:</b>	CM14-0030566		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/29/2013
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 43 year old female with a given date of injury of 5/29/2013. She complained of neck pain and numbness and pain in both hands. She has had physical therapy for carpal tunnel syndrome which was not too helpful. She has been placed on muscle relaxants, anti-inflammatory, and anti-convulsant medication, and a request for a right carpal tunnel release had been submitted. The physical exam revealed no cervical spasm or abnormal head tilt. A Spurling's test was mildly positive bilaterally. There was no hand atrophy. A Tinel's, Phalen's, and median nerve compression test were positive bilaterally. She had muscular tenderness of the right shoulder and elbow. The given diagnoses were bilateral carpal tunnel syndrome, right shoulder strain, right elbow epicondylitis, and tendonitis of the wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast of the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for imaging-MRI (magnetic resonance imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Magnetic resonance imaging (MRI)

**Decision rationale:** MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery. For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. The Official Disability Guidelines suggest that MRI is appropriate when there is chronic neck pain, x-rays are normal, and neurologic symptoms are present. Neck pain and radiculopathy with severe or progressive neurologic deficit is also an indication for a cervical MRI. In this instance, the injured worker had clear cut signs of carpal tunnel syndrome and not radicular pain. The submitted records do not reveal a neurologic exam concerning upper extremity strength, reflexes, or sensation apart from the hands and hence the subjective history and physical exam did not point to a cervical nerve root compression. There is no evidence of a recent x-ray series of the cervical spine. Therefore, an MRI of the cervical spine without contrast was not medically necessary.