

<b>Case Number:</b>	CM14-0037497		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/23/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 23, 2012. Thus far, the applicant has been treated with the following: analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; MR arthrography of the shoulder dated September 16, 2013, notable for mild tendinosis with no evidence of a discrete rotator cuff tear; a shoulder corticosteroid injection; unspecified amounts of physical therapy; earlier lumbar spine surgery; and extensive periods of time off of work. In a Utilization Review Report dated March 3, 2014, the claims administrator denied a request for cervical MRI imaging. The applicant's attorney subsequently appealed. On January 8, 2014, the applicant presented with multifocal complaints of headaches, neck pain, shoulder pain, low back pain, knee pain, foot pain, and ankle pain, ranging from 7-9/10. The applicant's neck pain was radiating to the right upper extremity, it was suggested. The applicant did have positive Tinel and Phalen signs about the right wrist and tenderness about the lateral epicondyle. 5/5 bilateral upper extremity strength was noted with hypoesthesias about the right arm. The attending provider stated that the applicant had returned to work, in one section of the report. Tramadol and unspecified NSAIDs were endorsed. Lumbar MRI imaging, cervical MRI imaging, electrodiagnostic testing, and laboratory testing were all sought. The applicant's work status at the conclusion of the report was not clearly stated.

### 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:** 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): Table 8-8 page 182.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 182, MRI or CT scanning is recommended to validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case; however, there is no evidence that the applicant is actively considering or contemplating an invasive procedure insofar as the cervical spine is concerned. The bulk of the applicant's symptoms, furthermore, seemingly pertain to the wrist. The applicant also has a variety of multifocal complaints, all of which argue against any focal neurologic compromise associated with cervical spine. The attending provider has not stated how the cervical MRI in question would influence the treatment plan. Therefore, the request is not medically necessary.