

<b>Case Number:</b>	CM14-0059668		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/23/2003
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 66-year-old male who has submitted a claim for multilevel cervical spine disc disease mechanical lumbar spine pain, inflammatory process of the left shoulder, bilateral ulnar motor and sensory entrapment of the canal at Guyon of the wrists and a left and right ulnar sensory entrapment of the olecranon groove with motor involvement on the left side at the elbow, bilateral carpal tunnel syndrome moderate to severe, and status post neurolysis and anterior submuscular transposition of the ulnar nerve at the left elbow and open neurolysis and decompression of the medial and ulnar nerves at the wrist on the left associated with an industrial injury date of April 23, 2003. Medical records from 2012-2014 were reviewed. The patient complained of frequent moderate left shoulder pain. Physical examination showed tenderness of the cervical spine. Range of motion was decreased as well. Imaging studies were not available for review. Treatment to date has included naproxen, cyclobenzaprine, omeprazole, tramadol, ketoprofen, left wrist and elbow surgery, and activity modification. Utilization review, dated April 16, 2014, denied the request for MRI of the cervical spine because there was no evidence of trial and failure of a reasonable course of conservative care, no new or progressive focal neurologic deficits, and no evidence that urgent or emergent surgery was under consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Neck, Spine w/o Dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI.

**Decision rationale:** As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, the patient complained of left shoulder pain. However, there is no documentation of new injury or trauma to the spine. There is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Also, there is no documentation of treatment and failure of conservative therapy for 3 months. There is no clear indication for another cervical spine MRI to be requested. Therefore, the request for MRI Neck, Spine w/o Dye is not medically necessary.