

<b>Case Number:</b>	CM14-0070456		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 & Rehabilitation 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 underlying date of injury in this case is 05/04/2010. The mechanism of injury is that the patient was replacing a belt on a conveyor and pulled the belt with both upper extremities. His diagnoses include left C5 radiculopathy, chronic cervical myofascial pain, chronic left shoulder sprain; status post left biceps repair, bilateral carpal tunnel syndrome, and chronic left ulnar nerve entrapment. As of 04/10/2014, the patient reported numbness in both hands as well as left shoulder pain. The patient was taking amitriptyline for chronic pain. The patient had a positive Tinel's on the left, and Paracervical tenderness was noted from C5 through T1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) 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 (ODG), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Neck and Upper Back, Magnetic Resonance Imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** ACOEM Guidelines, chapter 8/neck, page 182, recommend MRI imaging of the cervical spine to validate the diagnosis of nerve root compromise, when there are specific clinical findings on exam or red flag factors on history and physical examination. Such neurological or red flag factors are not present at this time. The medical records and guidelines do not support an indication for the currently requested MRI of the cervical spine. This request is not medically necessary.