

<b>Case Number:</b>	CM14-0076301		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/10/2005
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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:

This patient is a 57 y/o female who has developed chronic shoulder and neck pain subsequent to an injury dated 11/10/05. The cervical pain is described to be associated with numbness and weakness in the right upper extremity. The requesting physician documents C6 and possible C7 dermatomal sensory loss. There are also signs of possible carpal tunnel syndrome complicating the clinical picture.

### 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:** Overturned

**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): 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Magnetic Resonance Imaging.

**Decision rationale:** MTUS Guidelines and ODG Guidelines recommend the use of cervical MRI studies if there are persistent neurological changes persisting beyond 4-6 weeks of initial care. This patient has had long term cervical pain and persistent neurological signs and symptoms are

documented. The request for a cervical MRI is consistent with Guidelines and is medically necessary.