

<b>Case Number:</b>	CM14-0080485		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/28/2010
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 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 patient is a 31 year old female who was injured on 10/28/2010 while performing her usual and customary duties at work. Follow up note dated 05/05/2014 states the patient presented with complaints of cramping in both hands beginning prior to the ulnar nerve decompression left elbow medial epicondylectomy. She reported pain radiating to her neck with neck discomfort. Objective findings on exam revealed full range of motion in all digits of the left hand and wrist. Her sensory and motor exam is intact. The patient is diagnosed with status post-surgery, as mentioned above. She has been recommended for a MRI of the cervical spine to rule out cervical radiculopathy due to the cramping and radicular symptoms in both upper extremities. She was prescribed Voltaren, Protonix, and Ultram. Prior utilization review dated 05/13/2014 states the request for MRI cervical is denied as there is no evidence to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8 178. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and upper back procedure summary;.

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

**Decision rationale:** This is a request for cervical MRI to rule out cervical radiculopathy for a 31-year-old female injured on 10/28/10. She is status post left ulnar nerve decompression and medial epicondylectomy on 1/31/14. However, the patient does not have symptoms consistent with cervical radiculopathy. There are no examination findings indicative of cervical radiculopathy or other red flag condition. EMG/NCS on 8/29/13 did not show cervical radiculopathy. Medical necessity for cervical MRI is not established.