

<b>Case Number:</b>	CM14-0097372		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 28 year old woman with a date of injury of 1/14/13. She was seen by her primary treating physician on 5/30/14 with complaints of neck and left upper extremity pain, worse in left wrist. Medications reduced pain from 10/10 to 6/10. Her physical exam showed swelling in the left arm from the forearm to the left thenar eminence and wrist. She had numbness in the left forearm, wrist and fingers with worsened neck range of motion (flexion, extension and lateral bending). Her diagnoses included chronic unstable wrist pain and chronic pain syndrome. At issue in this review is the request for a cervical spine MRI.

### 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:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** The request in this injured worker with chronic pain is for a MRI of the cervical spine. The records document a physical exam with worsened neck range of motion and chronic left upper extremity pain/numbness but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and neck pathology and may be

utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the cervical spine is not medically indicated.