

<b>Case Number:</b>	CM14-0198465		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Physical Medicine Rehab 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 05/12/2014. The date of the Utilization Review under appeal is 10/23/2014. On 09/16/2014, the patient was seen in orthopedic consultation. The consulting physician reviewed the patient's history of an injury when she was pulling herself up into a tractor and developed neck pain with radiation to the left shoulder and arm and forearm and hand with some associated numbness and weakness. The patient's motor exam was normal in the upper extremities. Sensation was decreased in the two ulnar fingers on the left side. An MRI of the left shoulder noted a moderate supraspinatus tendinosis without evidence of high grade rotator cuff tear. The patient was diagnosed with cervical discogenic pain. The treating physician recommended an MRI of the cervical spine to rule out a disc protrusion. The treating physician also recommended electrodiagnostic study to rule out a chronic radiculopathy. The initial physician review of 10/21/2014 noted there was no current red-flag finding on exam and recommended certification of electrodiagnostic study, but noncertification of the MRI at that time.

### 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** ACOEM Guidelines, Chapter 8, Neck, page 178 discusses initial electrodiagnostic study versus initial imaging study to rule out a radiculopathy. This guideline recommends electrodiagnostic studies if neurological findings are less clear or if there may be a component of a peripheral neuropathy. MRI imaging is recommended when there are more prominent neurological findings when there is strong concern that there may be a cervical involvement. In this case the patient has been noted to have sensory deficits in the left fourth and fifth digits without motor involvement. A prior physician review certified an electrodiagnostic study. The guidelines would not support a simultaneous MRI and electrodiagnostic study. An MRI may be indicated in the future depending on the results of the MRI and the patient's clinical progression. However, with regard to the current utilization review under appeal, the guidelines do not support the requested MRI. This request is not medically necessary.