MAXIMUS Federal Services

| Case Number: | CM15-0135255 | | |
|---|---|---|---|
| Date Assigned: | 07/23/2015 | Date of Injury: | 03/21/2012 |
| Decision Date: | 08/20/2015 | UR Denial Date: | 07/09/2015 |
| Priority: | Standard | Application Received: | 07/13/2015 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## 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 61 year old male, who sustained an industrial injury on 3/21/2012. He reported cumulative injury to bilateral hips and knees, low back, as well as bilateral wrists/ hands/fingers. Diagnoses include carpal tunnel syndrome, cubital tunnel syndrome, osteoarthritis of pelvic region, knee pain parathesias and bilateral total hip replacement and status post multiple knee arthroscopies bilaterally. Treatments to date include medication therapy and home exercise. Currently, he complained of right upper extremity numbness and tingling. On 5/14/15, the physical examination documented continued atrophy of the right upper extremity intraosseous atrophy and decreased grip strength. The Phalen's test and Tinel's test was positive. The plan of care included MRI of the cervical spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, MRI.

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

**Decision rationale:** Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. In cases of red flags, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure, MRI is also warranted. In this case, the injured worker had a recent cervical MRI and there has been no change in subjective or objective symptoms since that MRI. The request for MRI of the cervical spine is determined to not be medically necessary.