

<b>Case Number:</b>	CM15-0137505		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	06/01/2004
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 43-year-old female sustained an industrial injury on 6-01-04. She subsequently reported neck pain and bilateral arm pain. Diagnoses include left cervical radiculitis, status post bilateral ulnar nerve transposition with atrophy of muscles along the medial forearm bilaterally, De Quervain's tenosynovitis and left lateral epicondylitis. Treatments to date include nerve conduction testing, wrist surgeries, physical therapy, chiropractic care, and prescription pain medications. The injured worker continues to experience left arm pain. Upon examination, there is decreased sensation in the left C7-C8 distribution. Tinel's test is positive over the left wrist and cubital fossa. A request for MRI of cervical spine was made by the treating physician. A progress report dated June 10, 2015 states that electro diagnostic studies have not been authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of cervical spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, MRI.

**Decision rationale:** Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is documentation of neurologic deficit in a dermatomal distribution and failure of conservative treatment for at least 3 months. As such, the requested cervical MRI is medically necessary.