

<b>Case Number:</b>	CM15-0185708		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	07/16/2009
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Massachusetts

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:

The injured worker is a 60-year-old male who sustained an industrial injury July 16, 2009. According to a treating physician's progress report dated July 28, 2015, the injured worker presented with complaints of severe pain in his left neck and scapula, which radiates down the left shoulder, elbow, and left small and ring finger. He also describes a burning and cold sensation, which radiates down his left arm. He reports this pain started after a nerve conduction study was performed in 2011. He also reported bilateral leg pain and to a lesser degree pain in the small left finger itself. Physical examination revealed; cervical-midline tenderness to palpation, range of motion is full without spasm, positive Spurling's maneuver and shoulder abduction sign; extremities- flexion contracture of left small finger PIP (proximal interphalangeal joint) a previous incision on the dorsal aspect and from the metacarpal to the PIP, right and left upper motor 5 out of 5; sensory grossly intact to light touch C4-T1 distribution; negative Hoffman's reflex. The physician further documents x-rays were taken in the office February 4, 2015, AP, lateral, oblique and demonstrated moderate to advanced C5-6 and C6-7 degenerative disc disease and spondylosis; overall kyphotic alignment primarily secondary to spondylosis at C5-7; there is a large posterior osteophyte at C5-6. Assessment is documented as; status post open injury left small finger; status post (3) reconstructive surgeries left small finger, 90-degree contracture proximal interphalangeal joint left small finger, with numbness; cervical degenerative disc disease and spondylosis C5-7; cervical radicular symptoms. At issue, is a request for authorization for a cervical MRI. According to utilization review dated August 26, 2015, the request for an MRI of the Cervical Spine is non-certified.

## **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 Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

**Decision rationale:** The claimant sustained a work injury in July 2009 when his left hand was caught in a grinder and he sustained an injury to his left fifth finger. He continues to be treated for chronic pain. The requesting provider saw him on 07/28/15. He was having severe neck pain radiating into the left upper extremity. He had not had physical therapy, acupuncture, or chiropractic treatments for his neck. Physical examination findings included midline cervical tenderness with full range of motion. Spurling's testing was positive. Strength, sensation, and reflexes were normal. Authorization was requested for a cervical spine MRI. Applicable criteria for obtaining an MRI of the cervical spine would include a history of trauma with neurological deficit, when there are red flags such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified red flags or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore is not considered medically necessary.