

<b>Case Number:</b>	CM15-0193566		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	11/08/2002
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 female, who sustained an industrial injury on 11-8-2002. The medical records indicate that the injured worker is undergoing treatment for overuse tendonitis, neck pain, bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain, and De Quervain's tenosynovitis of the right wrist. According to the progress report dated 7-28-2015, the injured worker presented with complaints of pain in the bilateral shoulders, elbows, forearms, and wrists. She describes the pain as sharp, stabbing, and burning, associated with numbness. On a subjective pain scale, she rates her pain 6 out of 10 with medications and 8 out of 10 without. The physical examination reveals pain over the extensor tendon in the thumb of the right wrist and positive Finkelstein's test. She continues to have pain over the medial and lateral epicondyle, both elbows and pain in shoulders and biceps tendon. The current medications are Norco. Previous diagnostic studies include electrodiagnostic testing. Treatments to date include medication management, physical therapy, acupuncture, and massage. Work status is described as temporarily totally disabled. The treatment plan included MRI of the cervical spine to rule out disc herniation. The original utilization review (8-24-2015) had non-certified a request for 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:

**MRI of the cervical spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

**Decision rationale:** The ACOEM Guidelines support the use of cervical MRI imaging if a "red flag" is found, such as findings suggesting a fracture, symptoms of upper back complaints after a recent trauma, or symptoms suggesting an infection or tumor. MRI imaging is also supported when symptoms do not improve despite three to four weeks of conservative care with observation and there is evidence of an injury or nerve problem or when an invasive procedure is planned and clarification of the worker's upper back structure is required. The submitted record indicated the worker was experiencing arm numbness and pain in the wrists, shoulders, left arm, and right forearm and elbow. There was no report of examination findings sufficiently detailing a nerve problem consistent with this area of the back, suggesting this study was needed in preparation for surgery, or reporting other supported issues. There also was no discussion detailing how this study would affect the worker's care or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the cervical spine region is not medically necessary.