

<b>Case Number:</b>	CM15-0200005		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 65 year old female who sustained an industrial injury 09-11-12. A review of the medical records reveals the injured worker is undergoing treatment for cervical spine strain, right middle trigger finger, right carpal tunnel syndrome, right shoulder strain, and right wrist triangular fibrocartilage tear and extensor carpi ulnaris tendinitis. Medical records (06-23-15), the latest records available for review, reveal the injured worker complains of neck, right shoulder-arm and right wrist-hand, pain which is not rated. The injured worker reports that "it is uncomfortable to look after herself" with difficulty noted lifting and carrying light to medium objects, standing or walking for 2 hours, and with gripping, holding and manipulating objects with her hands, as well as "mildly disturbed" sleep. The physical exam (06-23-15) reveals muscle spasm of the trapezius musculature, decreased cervical spine range of motion with increasing pain noted towards the terminal range of motion, normal range of motion of the bilateral shoulders, and triggering of the right middle finger. She was not able to fully extend the right wrist, and tenderness was noted in the right wrist over the triangular fibrocartilage region and along the extensor carpi ulnaris. Sensation to light touch and pinprick was intact throughout. Prior treatment includes MRI scans of the neck, right shoulder, and right wrist, electrodiagnostic studies, 2 steroid injections, and physical therapy, as well as ice, heat, and massage. The original utilization review (09-25-15) non-certified the request for a 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The claimant had an MRI in 2012 which showed degenerative changes without nerve encroachment. The request for another MRI of the cervical spine is not medically necessary.