

<b>Case Number:</b>	CM15-0216782		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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 36 year old female, who sustained an industrial injury on 5-31-2013. The injured worker is being treated for bilateral carpal tunnel syndrome, possible left cubital tunnel syndrome and right wrist ganglion cyst. Treatment to date has included diagnostics, medications, pain management, injections, occupational therapy, and activity restrictions. Per the Follow-up Report dated 10-13-2015, the injured worker reported some decrease in tingling after an injection to the right carpal tunnel last visit. She continues to have pain at the volar-ulnar aspect of the right wrist into the right forearm. She has pain, and some soreness at the medial aspect of the right elbow Overall, numbness and tingling slightly improved over all. Objective findings included positive Phalen's bilaterally and positive Tinel's at the ulnar nerve left elbow. Sensory and motor exam were intact. Per the 9-15-2015 note, electrodiagnostic testing (8-03-2015) report showed "mild median neuropathy of both wrists and very mild ulnar neuropathy across both elbows." Work status was referred to the PTP. The plan of care included magnetic resonance imaging (MRI) of the cervical spine to rule out spinal cord nerve root compression. Authorization was requested for MRI cervical spine. On 10-23-2015, Utilization Review non-certified the request for MRI cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**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 pain in the upper back, both arms, and both wrists. There was no discussion or recorded examination findings sufficiently detailing a nerve problem consistent with this area of the back, suggesting this study was needed in preparation for surgery, or other supported issues. There also was no discussion detailing how this study would affect the worker's care. In the absence of such evidence, the current request for a MRI of the cervical spine region is not medically necessary.