

<b>Case Number:</b>	CM15-0037004		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	09/05/2009
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Preventive Medicine, Occupational 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 63 year old male, who sustained an industrial injury on September 5, 2009. He has reported bilateral shoulder pain, headaches, photophobia, dizziness, ringing in the ears, memory difficulty, sleep difficulty, numbness in the left cheek, upper lip and jaw, bilateral elbow pain, wrist pain and numbness, low back pain and neck pain. The diagnoses have included status post concussive syndrome, bilateral shoulder strain, bilateral elbow and wrist strain, lumbar strain, lumbar radiculopathy, cervical strain and secondary insomnia. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the right and left shoulders, conservative therapies, medications and work restrictions. Currently, the IW complains of bilateral shoulder pain, headaches, photophobia, dizziness, ringing in the ears, memory difficulty, sleep difficulty, numbness in the left cheek, upper lip and jaw, bilateral elbow pain, wrist pain and numbness, low back pain and neck pain. The injured worker reported an industrial injury in 2009, resulting in the above noted pain. He has been treated surgically and conservatively without resolution of the pain. Evaluation on August 19, 2014, revealed continued complaints. The treatment plan included renewing medications, an updated magnetic resonance image, surgical consultation of the cervical spine with post-surgical care, continued post-operative care of the left shoulder, a psych evaluation and continued use of a back brace and cane for ambulation. Evaluation on October 28, 2014, revealed continued symptoms. Chiropractic care and physical therapy were requested. Evaluation on January 8, 2015, revealed continued complaints. Prior cervical MRI scanning did not reveal any neurological compromise in the

cervical spine. Electrodiagnostic testing was positive for left cubital tunnel and bilateral carpal tunnel. Spurlings sign is negative.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI (magnetic resonance imaging) of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, magnetic resonance imaging (MRI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck, Magnetic Resonance Imaging.

**Decision rationale:** MTUS Guidelines do not directly address the issue of repeat cervical MRI scanning. ODG Guidelines address this issue and do not support repeat scanning unless there is a definitive change in the individual's symptoms or objective findings. These standards do not appear to have been met. The symptoms and exam findings are reported to be stable over time. In addition, the reported exam findings appear to be well explained by prior electrodiagnostic studies and the established diagnosis of cubital and carpal tunnel syndrome. Under these circumstances, the repeat cervical MRI is not supported by Guidelines and is not medically necessary.