

<b>Case Number:</b>	CM15-0044171		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	06/05/2014
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 45 year old male, who sustained an industrial injury on 6/05/2014. The mechanism of injury was not noted. The injured worker was diagnosed as having bilateral elbow cubital tunnel syndrome, bilateral wrist tenosynovitis, and cervical strain, with radicular complaints. Treatment to date has included conservative measures, including diagnostics, acupuncture, and physical therapy. Electromyogram studies of the upper extremities were performed on 9/09/2014, report not included. A magnetic resonance imaging of the cervical spine was performed on 8/08/2014, report not included. Currently, the injured worker complains of intermittent neck pain, with radiation to his fingers. He reported that acupuncture provides 100% relief for 1 day. Exam of the cervical spine noted tenderness about the paracervical and trapezius musculature, restricted range of motion, and mildly positive cervical distraction test. Exam of the bilateral elbows noted tenderness at the lateral epicondyles and positive Tinel's signs. Exam of the bilateral wrists noted tenderness and positive Tinel's signs. Current medication use was not noted. The rationale for additional cervical radiographic imaging was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter, Computerized Tomography.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to MTUS guidelines, and in the chapter of neck complaints, a CT scan of the cervical spine is recommended in case of signs of anatomical defect such as root compromise. There is no clinical or neurophysiological sign of root compromise. Therefore, the request cervical spine CT of the neck is not medically necessary.

**X-rays of Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back Chapter, radiography (x-rays) section.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to MTUS guidelines, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly provided any red-flag conditions are ruled out." X rays imaging is recommended in neck and upper back complaints in case of suspicion of fracture, neurological deficit related to tumor, trauma and infection. There is no clear evidence that the patient developed new symptoms or have red flags pointing toward cervical spine damage. Therefore, the prescription of x-rays of the cervical spine is not medically necessary.

**MRI of 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, Neck and Upper Back regarding Magnetic Resonance Imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to MTUS guidelines, MRI of the cervical spine is recommended if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. There is no clinical evidence of anatomical defect or nerve compromise in this case. Therefore, the request for an MRI of cervical spine is not medically necessary.