

<b>Case Number:</b>	CM14-0145127		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/20/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old female claimant sustained a work injury on 12/20/12 involving the right upper extremity and neck. She was diagnosed with cervical pain and peripheral involvement with possible radiculopathy. She had a normal electrodiagnostic testing in January 2013. A progress note on 8/14/14 indicated the claimant had pain in the right lateral neck and right upper extremity. Exam findings were notable for tenderness in the right hand and swelling in the right hand. There was asymmetric grip strength in the left vs. right upper extremity. A request was made for a cervical MRI as well as electrodiagnostic testing due to exam findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 MRI of the Cervical Spine without contrast as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**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. Based on the medical records reviewed, there were no red flag symptoms. There was no plan for surgery. A prior EMG was normal. The request for an MRI of the cervical spine is not medically necessary.