

<b>Case Number:</b>	CM14-0149519		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/13/2010
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 36 year old woman involved in a work related injury from 8/13/10. By report, the injured worker developed a seizure disorder due to activities at work. The injured worker was also complaining of neck pain, with numbness, tingling and weakness radiating to the left hand. There was some decrease in cervical spine range of motion. There was diminished sensation in the left C7 distribution, with significant decrease in left triceps reflex compared to the rest.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Magnetic resonance imaging (MRI)

**Decision rationale:** The injured worker has overt neurological deficits in the left upper extremity, including decreased sensory in a dermatomal distribution and reflex changes. In this case from 2010, the injured worker has had adequate conservative care, which has failed, and she

is left with ongoing neck pain with radicular features and abnormalities on exam. The magnetic resonance imaging (MRI) is appropriate at this time.