

<b>Case Number:</b>	CM14-0163876		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Practice and is licensed to practice in Ohio. 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:

The injured worker is a 60 year old female with a repetitive motion injury stemming from 3-9-2012. She had gradual onset of left wrist pain spreading to the left elbow, then the left shoulder, and later, the neck it seems. She has had numbness and tingling of the left hand. The physical exam has revealed tenderness to palpation of the cervical spine and paraspinal musculature with normal cervical ranges of motion, non-specific left shoulder tenderness with mildly decreased range of motion, tenderness of the left lateral and medial epicondyles, tenderness of the left wrist with a positive Tinel's sign and diminished sensation in the median nerve root distribution (hand). The motor exam and reflex exam of the upper extremities has been normal. Electrodiagnostic studies of the left upper extremity were normal 2-4-2013. A CT scan of the cervical spine on 9-19-2013 revealed mild disc space narrowing at C5-C6 with mild right sided C6 root sleeve impingement, but no left-sided compromise. She underwent left shoulder debridement and decompression on 2-18-2014, had platelet rich plasma injections to the left epicondyles, and a left elbow denervation procedure in 2014. The most recent diagnoses are left shoulder impingement syndrome, left-sided medial and lateral epicondylitis, mild left sided carpal tunnel syndrome, and anxiety secondary to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for an MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, MRI

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

**Decision rationale:** The Official Disability Guidelines state that the indications for MRI scanning of the cervical spine are: - Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present- Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present- Chronic neck pain, radiographs show bone or disc margin destruction- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"- Known cervical spine trauma: equivocal or positive plain films with neurological deficit- Upper back/thoracic spine trauma with neurological deficitIn this instance, by 'neurologic symptoms' the guidelines are interpreted to mean radicular symptoms, indicative of potential nerve root compromise. The reviewed documentation does not identify potential radicular symptoms and the physical exam cannot be interpreted to reflect an underlying cervical radiculopathy. Therefore, an MRI of the cervical spine is not medically necessary.