

<b>Case Number:</b>	CM14-0166823		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	12/23/2009
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 56 year old female with an injury date on 12/23/09. Based on the 09/11/14 progress report provided by the provider, the patient complains of right upper extremity, left elbow and bilateral wrist pain. Exam findings show "paresthesia right C6-C7 distribution, loss of cervical range of motion (ROM), failed operative and non-operative care of right hand and shoulder." There were no other significant findings noted on this report. Her diagnoses include the following: 1. Status post (S/P) Right Shoulder. 2. S/P Right hand carpal tunnel release (CTR). 3. R/O Cervical Radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hegmann K (ed), Occupational Medicine Practice Guidelines, Vol 2. 3rd Ed (2011), page 45 and the Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRIs (magnetic resonance imaging), under Low Back - Lumbar & Thoracic (Acute & Chronic)

**Decision rationale:** According to the 09/11/14 handwritten report by the provider, this patient presents with of right upper extremity, left elbow and bilateral wrist pain. The request is for MRI of the cervical spine. Review of the reports show that the patient had an MRI of C-spine done on 08/04/14. This revealed a disc protrusion at C4-C5 and osteophyte at C5-C6 and C6-C7. Utilization review denied the request on 09/24/14 stating no new symptomatology and no findings on physical exam to warrant repeating an MRI. Regarding repeat MRI study, ODG states "is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation)." Review of the reports from 02/13/14 to 09/11/14 shows no discussion as to why the patient needs a repeat MRI of the cervical spine. There are no progression of neurologic deficit and no new injury. In this case, the treater asks for a repeat MRI of cervical spine is not in accordance per ODG.