

<b>Case Number:</b>	CM14-0082443		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 & Rehabilitation 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 injured worker is a 57-year-old female who reported an injury on 06/18/2012. The mechanism of injury was not provided. The diagnoses include cervical radiculopathy and cervical sprain with radicular symptoms. Past treatments included medication. Diagnostic studies included an MRI of the cervical spine in 07/2012 and an EMG/NCV. Past surgical history was not provided. The injured worker had a diagnosis of a healed radial neck fracture, right elbow. On 04/21/2014 the injured worker was seen for ongoing tingling and pain in the right forearm, along with numbness in the right thumb. Upon examination there was tenderness to palpation over the right paravertebral and trapezius muscles. The range of motion of the cervical spine revealed flexion at 45 degrees, extension at 20 degrees, right lateral bending at 15 degrees, left lateral bending at 25 degrees, right rotation at 45 degrees, and left rotation at 40 degrees. Sensory examination of the right thumb demonstrated loss of sensation. The treatment plan was a request for an EMG/NCV of the right upper extremity. The injured worker continues to have neck pain with radicular symptoms which are not resolving. The last MRI was performed in 07/2012 with the injured worker's symptoms persisting and still causing significant alteration of activities of daily living. A request was made for a new MRI of the cervical spine. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI 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-Treatment for Worker's Compensation, Online edition Chapter: Neck & Upper Back.

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

**Decision rationale:** The injured worker has a history of cervical pain. The CA MTUS/ACOEM guidelines state physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. Neurologic progression was not seen, and does not indicate the need for a repeat cervical MRI. There is lack of documentation of radicular neck pain. The Spurling's maneuver supports the diagnosis of cervical radiculopathy. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. It is unclear from the treatment plan that would benefit from an MRI. Repeat MRIs are usually not warranted. As such, the request for MRI cervical spine is not medically necessary and appropriate.