

<b>Case Number:</b>	CM13-0033329		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 51 year old male, who sustained an industrial injury on February 14, 2013, incurring neck, upper extremity and low back pain. He was diagnosed with a cervical sprain, cervical radiculopathy, right medial epicondylitis and carpal tunnel syndrome. Treatment included anti-inflammatory drugs, and pain medications, physical therapy, wrist bracing, home exercise program, and work restrictions. Currently, the injured worker complained of persistent cervical pain rated a 7 on a pain scale of 1 to 10, right elbow pain a 5 out of 10 and low back pain a 3 out of 10. The treatment plan that was requested for authorization included a Magnetic Resonance Imaging of the cervical spine.

### 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 cite any medical evidence for its decision.

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

**Decision rationale:** The injured worker is a 51 year old male, who sustained an industrial injury on February 14, 2013, incurring neck, upper extremity and low back pain. He was diagnosed with a cervical sprain, cervical radiculopathy, right medial epicondylitis and carpal tunnel syndrome. Treatment included anti-inflammatory drugs, and pain medications, physical therapy, wrist bracing, home exercise program, and work restrictions. Currently, the injured worker complained of persistent cervical pain rated a 7 on a pain scale of 1 to 10, right elbow pain a 5 out of 10 and low back pain a 3 out of 10. The treatment plan that was requested for authorization included a Magnetic Resonance Imaging of the cervical spine.