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| <b>Case Number:</b>   | CM15-0124996 |                              |            |
| <b>Date Assigned:</b> | 07/09/2015   | <b>Date of Injury:</b>       | 01/16/2008 |
| <b>Decision Date:</b> | 08/17/2015   | <b>UR Denial Date:</b>       | 06/10/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/29/2015 |

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 46 year old female, who sustained an industrial injury on 1/16/2008. The mechanism of injury was not noted. The injured worker was diagnosed as having myofascial pain syndrome, left carpal tunnel syndrome, reflex sympathetic dystrophy of the left upper extremity, complex regional pain syndrome, and left index finger sprain-strain. Treatment to date has included diagnostics, home exercise, and medications. Currently (5/27/2015), the injured worker complains of pain and discomfort in her neck and left upper extremity. She was disappointed that the treatment had not been approved. She felt as though she needed another magnetic resonance imaging of the cervical spine and cervical epidural injection. Exam noted normal muscle tone in all extremities. Strength was 4/5 in the left upper extremity for arm abduction, forearm flexion, and wrist extension. She was right hand dominant. Decreased sensation was also noted in the left C6-7, as well as C5 distribution. She was to continue medications, noting Flurbiprofen, Tylenol #3, and Gabapentin. The treatment plan again included magnetic resonance imaging of the cervical spine. She was not working. Prior cervical magnetic resonance imaging reports were not submitted and subjective complaints-objective findings were consistent since at least 10/2014.

### 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:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical Spine, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. In this case, the claimant had a prior MRI 2 yrs ago which showed a disc bulge at C4-C6 and a perineural cyst and can explain the symptoms present. The request for another MRI of the cervical spine is not medically necessary.