

<b>Case Number:</b>	CM15-0078697		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	09/11/2014
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

### 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 29 year old female, who sustained an industrial injury on September 11, 2014. The injured worker was diagnosed as having cervicgia and left cubital tunnel syndrome. Treatment and diagnostic studies to date have included electromyogram, left cubital tunnel surgery, therapy and medication. A progress note dated March 26, 2015 provides the injured worker complains of pain and left arm weakness. She reports it is improved since cubital tunnel release on February 25, 2015. Physical exam notes full range of motion (ROM) of left elbow with no abnormal findings. The plan includes follow-up. There is a request for magnetic resonance imaging (MRI) of spine.

### 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

**Decision rationale:** The ACOEM Guidelines support the use of cervical MRI imaging if a "red flag" is found, such as findings suggesting a fracture, symptoms of upper back complaints after a recent trauma, or symptoms suggesting an infection or tumor. MRI imaging is also supported when symptoms do not improve despite three to four weeks of conservative care with observation and there is evidence of an injury or nerve problem or when an invasive procedure is planned and clarification of the worker's upper back structure is required. The submitted and reviewed documentation indicated the worker was experiencing improving left elbow pain and arm weakness. There was no discussion or recorded examination findings detailing a nerve problem consistent with this area of the back, suggesting this study was needed in preparation for surgery, or other supported issues. There also was no discussion detailing how this study would affect the worker's care. In the absence of such evidence, the current request for a MRI of the cervical spine region is not medically necessary.