

<b>Case Number:</b>	CM15-0095332		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 56 year old male who sustained an industrial injury on 05/24/2011. Mechanism of injury was electrocution. The injured worker sustained injuries to multiple body parts. Diagnoses include an electrocution while at work with residuals of: a broken back in three places of the thoracolumbar spine, and a piriformis syndrome of the lower lumbar spine, carpal tunnel syndrome of both wrists confirmed by testing, chronic strain/sprain of the cervical spine with radiculopathy into the left arm status post a tendon release for a previous work-related injury, and tendonitis at the right elbow. Treatment to date has included diagnostic studies, joint injections of the sacroiliac, nerve blocks, physical therapy, and medications. The injured worker states that medications help with his pain and activities of daily living. A physician progress note dated 04/21/2015 documents the injured worker complains of aching pain to the left upper back and left lower back with pins and needles on the outer aspect of the left thigh. He has numbness on the inside aspect of the left forearm with burning, numbness and pins and needles to the small, ring and middle fingers of the left hand as well as numbness to the little and ring fingers of the right hand. The pain is rated at 4 out of 10 at rest and 8 out of 10 with activity. On examination he has full mobility of both elbows. Thumbs have full abduction. Tinel's Wrist Tapping Test over the median nerve for carpal tunnel syndrome is positive. The injured worker, by just simply altering posture may cause an alteration, but not complete resolution of his numbness and tingling into the hands of either upper extremity, it is possible he has some compression syndrome of the cervical spine. The treatment plan includes a prescription for Tramadol, Magnetic Resonance Imaging of the cervical spine and referrals to an internist for his

complaints of muscle condition and liver enzymes, an urologist to determine lack of sex drive and neuropsychologist for cognitive and psychological issues. Treatment requested is for MRI 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:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, page 127.

**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. The neurological exam did not indicate cervical nerve root but rather peripheral nerve abnormalities (Tinels). The request for an MRI of the cervical spine is not medically necessary.