

Case Number:	CM13-0019743		
Date Assigned:	12/11/2013	Date of Injury:	03/08/2013
Decision Date:	02/04/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for neck and bilateral upper extremity pain reportedly associated with an industrial injury of March 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. She has not worked since the date of injury. In a utilization review report of August 14, 2013, the claims administrator denied a request for an MRI of the cervical spine and electrodiagnostic testing of the bilateral upper extremities. The applicant's attorney later appealed. The applicant's case and care have been complicated by comorbid diabetes, it is incidentally noted. In a June 11, 2013 progress note, it is stated that the applicant has alleged neck, wrist, and shoulder pain secondary to cumulative trauma at work. She does have diabetes. She reports continuous aching pain in the left hand and wrist with associated numbness and tingling about the fingers. It is stated that the applicant has positive electrodiagnostic testing and is therefore a candidate for carpal tunnel release surgery. A carpal tunnel release surgery is sought. A May 22, 2013 note is notable for the comments that the applicant has had previous electrodiagnostic testing on April 12, 2013, demonstrating mild-to-moderate left carpal tunnel syndrome. A later handwritten note of August 6, 2013 is notable for comments that the applicant is off work, on total temporary disability; has numbness about the left upper extremity; has diminished sensation about the same; and has a positive Spurlings maneuver. It is stated that the applicant has carpal tunnel syndrome and cervical radicular symptoms.

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 Page(s): 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: While the ACOEM Guidelines in Chapter 8 do support MRI and/or CT imaging of the cervical spine to validate a diagnosis of nerve root compromise in preparation for an invasive procedure, there is no indication or evidence that the applicant is considering an invasive procedure in this case. There is no clear-cut evidence of cervical nerve root compromise. There is no evidence that the applicant is a surgical candidate in the medical records provided for review, so performing a cervical MRI in this context is not indicated by the ACOEM Guidelines. Therefore, the request for an MRI of the Cervical Spine is not medically necessary and appropriate.

EMG/NCV Left Upper Extremity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: While the ACOEM Guidelines in Chapter 11 do support repetition of electrodiagnostic testing if electrodiagnostic testing is negative earlier in the disease course, the attending provider has seemingly suggested that the applicant had positive electrodiagnostic testing on April 12, 2013, which establishes the diagnosis of moderate left-sided carpal tunnel syndrome. The diagnosis has already been established and repeat testing would not be indicated according to the ACOEM Guidelines. Therefore, the request for EMG/NCV of the left upper extremity is not medically necessary and appropriate.