

Case Number:	CM13-0023969		
Date Assigned:	12/18/2013	Date of Injury:	05/23/2012
Decision Date:	02/13/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/13/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 patient is a 37-year-old male who reported an injury on 05/23/2012. The patient was seen by [REDACTED] on 10/22/2013. Physical examination revealed decreased sensation in the median nerve distribution of the left index and long fingers, tenderness to palpation at the incision site on the right, decreased strength, moderate tension in the left C4-7 paravertebrals and mid trapezius, normal range of motion of the cervical spine, 5/5 motor strength in bilateral upper extremities, and intact sensation. The patient is diagnosed with right carpal tunnel syndrome, cervical muscle strain, and complex regional pain syndrome in the upper limb. Treatment recommendations were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the neck without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Magnetic Resonance Imaging

Decision rationale: California MTUS/ACOEM Practice Guidelines state criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or for clarification of the anatomy prior to an invasive procedure. As per the clinical notes submitted, there were no neurologic deficits noted upon physical examination. Additionally, there has been a lack of treatment documented for a cervical muscle strain. There is no indication of a recent failure to respond to conservative treatment prior to the request for an imaging study. The medical necessity for the requested service has not been established. Therefore, the request is non-certified.