MAXIMUS Federal Services

Case Number:	CM13-0028709		
Date Assigned:	11/27/2013	Date of Injury:	11/06/2011
Decision Date:	01/27/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/24/2013

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 Neurology, has a subspecialty in Headache 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:

Sixty one year old year old woman with work related injury in 2011 secondary to chronic repetitive strain with complaints of pain in the back, neck, elbows, and shoulder. The primary treating health care professional requested a Magnetic Resonance Imaging of the cervical spine. His diagnoses include brachial plexus neuritis, carpal tunnel syndrome, and cervical radiculopathy. He does not document any focal neurologic findings on his exam. A Magnetic Resonance Imaging was done in 8/13 which shows mild annular bulging and with some foaminal narrowing at C6-7. An Electromyogram of the upper extremities done prior to the Magnetic Resonance Imaging was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging cervical without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This patient had no findings on examination or on Electromyogram (EMG) and Nerve Conduction Studies that would suggest a myelopathy or cervical radiculopathy. There are no red flags.