

Case Number:	CM13-0033792		
Date Assigned:	03/19/2014	Date of Injury:	09/25/2008
Decision Date:	05/02/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/10/2013

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. The expert 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 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/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:

According to the records made available for review, the patient is a 39 year-old female with a 9/25/08 date of injury. At the time (8/29/13) of the request for authorization for MRI of cervical spine, Electromyography (EMG) of bilateral upper extremities, and Nerve Conduction Studies (NCS) right upper extremity, there is documentation of subjective (numbness mainly in the index finger, she indicates that "numbness and tingling that she is experiencing in the middle and ring fingers have improved since the carpal tunnel surgery however her index finger has remained numb," neck pain and right upper extremity pain) and objective (improved grip strength, cervical spine stiffness and spasm) findings, current diagnoses (cervical spine sprain with underlying disc degeneration, left wrist carpal tunnel release on 2/20/12, and right hand carpal tunnel syndrome based on clinical evidence and EMG studies, and right carpal tunnel release 4/23/13), and treatment to date (PT). Regarding MRI of cervical spine, there is no documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. Regarding EMG of bilateral upper extremities, NCS right upper extremity, and NCS left upper extremity, there is no documentation of failure of conservative treatment. Clinical signs (positive findings on clinical examination) of carpal tunnel syndrome and patient are a candidate for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF CERVICAL SPINE QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

Decision rationale: Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain with underlying disc degeneration, left wrist carpal tunnel release on 2/20/12, right hand carpal tunnel syndrome based on clinical evidence and EMG studies, and right carpal tunnel release 4/23/13. However, there is no documentation of red flag diagnoses where plain film radiographs are negative, physiologic evidence (in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans) of tissue insult or neurologic dysfunction, failure of conservative treatment; or diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. Therefore, based on guidelines and a review of the evidence, the request for MRI of cervical spine QTY: 1.00 is not medically necessary.

EMG OF BILATERAL UPPER EXTREMITIES 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 272.

Decision rationale: Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain with underlying disc degeneration, left wrist carpal tunnel release on 2/20/12, right hand carpal tunnel syndrome based on clinical evidence and EMG studies, and right carpal tunnel release 4/23/13. However, there is no documentation of failure of conservative treatment. Clinical signs (positive findings on clinical examination) of carpal tunnel syndrome and patient are a candidate for surgery. Therefore, based on guidelines and a review of the evidence, the request for EMG of bilateral upper extremities 1.00 is not medically necessary.

NCS RIGHT UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 272.

Decision rationale: Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain with underlying disc degeneration, left wrist carpal tunnel

release on 2/20/12, and right hand carpal tunnel syndrome based on clinical evidence and EMG studies, and right carpal tunnel release 4/23/13. However, there is no documentation of failure of conservative treatment. Clinical signs (positive findings on clinical examination) of carpal tunnel syndrome and patient are a candidate for surgery. Therefore, based on guidelines and a review of the evidence, the request for NCS right upper extremity is not medically necessary.

NCS LEFT UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, 272.

Decision rationale: Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain with underlying disc degeneration, left wrist carpal tunnel release on 2/20/12, right hand carpal tunnel syndrome based on clinical evidence and EMG studies, and right carpal tunnel release 4/23/13. However, there is no documentation of failure of conservative treatment. Clinical signs (positive findings on clinical examination) of carpal tunnel syndrome and patient are a candidate for surgery. Therefore, based on guidelines and a review of the evidence, the request for NCS left upper extremity is not medically necessary.