

Case Number:	CM13-0042319		
Date Assigned:	12/27/2013	Date of Injury:	09/27/2012
Decision Date:	05/16/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in 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 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:

The patient is a 36-year-old male who reported an injury on 09/27/2012 when he used a wrench while performing normal job duties which caused a sudden onset of neck pain. The patient was examined on 09/12/2013, and it was documented that the patient had left-sided pain of the neck, causing discomfort, pain of the shoulder, pain of the elbow and pain of the right wrist. Physical findings included tenderness to palpation over the acromioclavicular joint with a positive impingement sign and limited abduction at 120 degrees. The patient had elbow tenderness over the right lateral epicondyle with tingling in the right ulnar nerve as well as the C5-6 dermatome. The patient also had right wrist tenderness. The patient's diagnoses included tendonitis of the right elbow, left shoulder sprain with impingement, lateral epicondylitis and right wrist tendonitis. The patient's treatment plan included an EMG/NCV of the upper extremities to rule out nerve root impingement versus peripheral neuropathy. An MRI of the cervical spine was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) FOR THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on Cervical & Thoracic Spine Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 177-179.

Decision rationale: The requested MRI of the cervical spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends imaging studies to include MRIs when patients have unequivocal signs of radiculopathy. The clinical documentation submitted for review does indicate that the patient has both signs of radiculopathy and peripheral neuropathy. Clarification of the patient's pain generator would be necessary prior to an imaging study. As such, the requested MRI for the cervical spine is not medically necessary or appropriate.