

Case Number:	CM13-0056029		
Date Assigned:	12/30/2013	Date of Injury:	01/11/2013
Decision Date:	05/02/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/21/2013

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 & Rehabilitation 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 injured worker is a 36-year-old male who reported injury on 01/11/2013. The mechanism of injury was cumulative trauma. The injured worker had an upper extremity nerve conduction study on 10/15/2013, which revealed a normal NCV of the peripheral nerves of the bilateral upper extremities with no electrodiagnostic findings to suggest the presence of a mononeuropathy, peripheral neuropathy, or brachial plexopathy. However, the injured worker had an abnormal EMG of the left upper extremity, with evidence of a left-sided C5-6 cervical radiculopathy. The physical examination revealed a tender left shoulder, elbow, wrist, and hand with decreased range of motion of the left shoulder, elbow, wrist, and hand. The injured worker had a sensory loss in the left forearm and hand. The diagnosis included epicondylitis, cervical radiculopathy, carpal tunnel syndrome, and a sprain/strain of the wrist. A request was made for an MRI of the cervical spine in light of the EMG findings of the left C5-6 radiculopathy.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183 & Table 8-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Per ACOEM Guidelines, the criteria for ordering imaging studies include physiologic evidence of tissue insult or neurologic dysfunction, which includes findings upon physical examination or electrodiagnostic studies. The clinical documentation submitted for review indicated the injured worker had an EMG/NCV which revealed findings of radiculopathy and had objective findings upon physical examination. The request was previously denied for no written reason for the request. Given the above and the documented rationale, as well as objective physical findings, the request for the MRI of the cervical spine is medically necessary.