

Case Number:	CM13-0070307		
Date Assigned:	01/03/2014	Date of Injury:	03/23/2013
Decision Date:	04/15/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/19/2013

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 Occupational Medicine, and is licensed to practice in New York and North Carolina. 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 claimant has cervicgia and her treating physician is requesting a cervical spine MRI without contrast. She claims an injury 3/23/13 from repetitively lifting plastic trays containing frames. She had upper extremity EMG/NCS which did not reveal radiculopathy, but probable compressive median neuropathy distally (carpal tunnel syndrome) only. X-ray studies were suggestive of muscle spasm and degenerative changes. She had a limited course of physical therapy and acupuncture. She continues to complain of neck and hand pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) neck, spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter

Decision rationale: The ACOEM Guidelines indicate that MRI is indicated when there is failure to progress in strengthening programs intended to avoid surgery, or if there is physiologic evidence of neurological pathology. The ODG guidelines indicate that after 3 months of conservative treatment with radiographs showing spondylosis and neurological signs or

symptoms are present. This employee has not shown physiological evidence of significant neurological compromise by EMG/NCS, and the neck examination is relatively benign. The chronicity of the employee's complaints warrant further investigation, but not before the compressive neuropathy is addressed. I do not recommend approving cervical MRI without contrast at this time.