

Case Number:	CM13-0072334		
Date Assigned:	01/08/2014	Date of Injury:	02/18/2010
Decision Date:	06/05/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 43 year old female who reported an injury on 02/18/2010, when a box reportedly fell as she was stacking boxes over her head and hyperflexed her left wrist. The only documentation provided was the prior review, dated 12/18/2013. Per the prior review, the injured worker presented with chronic left wrist pain. There was reference made to an evaluation done on 10/04/2013, where the injured worker presented with left wrist pain radiating to her upper left extremity into her shoulder. Subjective complaints pertaining to the neck were not mentioned. Physical exam findings specific to the cervical spine were not reported. A cervical MRI was requested because of prior undated EMG findings of C5 radiculopathy. The injured worker is recommended for an MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition Chapter: Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, MRI.

Decision rationale: ACOEM Guidelines recommend MRI imaging studies when physiologic evidence indicates tissue insult or nerve impairment. The Official Disability guidelines state that a cervical MRI is not recommended for injured workers who have no cervical tenderness and have no neurologic findings. An MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. There is lack of medical documentation and absence of findings specific to the cervical spine and involvement of this body part to suggest the need for an MRI. Therefore this request is not medically necessary and appropriate.