

Case Number:	CM14-0000936		
Date Assigned:	01/22/2014	Date of Injury:	06/01/2003
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine & 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 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 injured worker is a 39-year-old female who reported an injury on 06/01/2003. According to the clinical note dated 07/08/2013, the injured worker reported she continued to benefit from the H-wave, although, she still had some pain to her wrist. She had a positive Finkelstein sign to the right wrist and bilateral positive Tinel's signs to both wrists. A markedly positive Tinel's sign at the ulnar tunnel. The injured worker showed signs of extensor neuritis in the lateral epicondyles of her left arm. The injured worker stated her pain was decreased with the use of the H-wave and she was able to sleep. The primary diagnosis for the injured worker was listed as carpal tunnel syndrome. The request for authorization for medical treatment was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES 2ND EDITION, 2004, 8, SPECIAL STUDIES AND DIAGNOSTICS,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

Decision rationale: The ACOEM indicates MRI or CT is recommended to evaluate red-flag diagnoses. MRI or CT may be used to validate for a diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for an invasive procedure if there is no improvement after 1 month. There is a lack of documentation indicating the injured worker had significant cervical pain and findings indicative of neurologic compromise and radiculopathy. Therefore, the request for the MRI of the cervical spine is non-certified.