

Case Number:	CM14-0003595		
Date Assigned:	02/03/2014	Date of Injury:	04/09/2009
Decision Date:	06/20/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/10/2014

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 Orthopaedic Surgery and is licensed to practice in California. 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 35-year-old male who sustained an industrial related injury on April 09, 2009. The injured worker subsequently underwent surgical release of the right cubital tunnel in March 2011. Following this operative intervention the injured required ulnar neural lysis and an anterior muscular transposition with stabilization. This procedure was performed in April 2013. Clinical notes indicate continued complaints of radicular pain to the right upper extremity radiating to the 4th and 5th digits of the hand with associated numbness. The physical examination from December 2013 documents cervical tenderness, muscle spasm, and restricted cervical range of motion. The right elbow is documented as being sensitive to palpation along the medial epicondyle, there is a negative Tinel's of cubital tunnel, and slight weakness of the right wrist. A subsequent clinical document from January 2014 demonstrates radiculopathy on examination and diminished sensation in a C6-7 distribution into the right upper extremity. The clinician does not document any red flag symptoms or indicate that there is a progressive neurologic deficit. Additionally, there is no documentation of multiple neurologic abnormalities that span more than one neurological root level. The claimant is documented as having completed two sessions of acupuncture with 40% temporary improvement in pain symptoms. The review for MRI (magnetic resonance imaging) of the neck was denied in December of 2013.

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): 165.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), CERVICAL AND THORACIC SPINE DISORDERS , PAGE(S) ACCESSED ELECTRONICALLY

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) supports the use of cervical MRI (magnetic resonance imaging) when red flag symptoms are present for acute and subacute radicular symptoms. However, the ACOEM also recommends cervical MRIs for individuals with chronic radicular pain that has lasted for 4-6 weeks and has not been trending towards improvement. Based on the clinical documentation provided, the claimant has radiculopathy demonstrating a specific dermatomal distribution that has not been improving. As such, the request is considered medically necessary.