

Case Number:	CM14-0008936		
Date Assigned:	05/28/2014	Date of Injury:	04/12/2002
Decision Date:	07/11/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/23/2014

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 Emergency Medicine, 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 patient is 56-year-old who was injured on April 12, 2002. The patient continued to experience pain in her neck and right upper extremity. Physical examination was notable for tenderness and spasm in the neck, lateral epicondylar tenderness, and pain over the extensor tendons at the wrist. Diagnoses included cervical neck degeneration, right rotator cuff tear, right lateral epicondylitis, and extensor tenosynovitis of the right hand. Treatment included medications. Requests for authorization for MRI of the cervical spine and MRI of the right elbow were submitted for consideration.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

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

Decision rationale: Imaging of the cervical spine is indicated when there is emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy is needed prior to

surgery. In this case the MRI of the cervical spine was requested rule out herniated disc. There is no documentation in the medical record that supports the diagnosis of radiculopathy. Documentation of dermatomal sensory deficit or motor weakness is not present. None of the criteria for cervical spine MRI has been met. The request for an MRI of the cervical spine is not medically necessary or appropriate.

MRI RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 602.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 13, 20-31, 33.

Decision rationale: The criteria for ordering imaging studies of the right elbow are the imaging study results will substantially change the treatment plan, there is an emergence of a red flag, or failure to progress in a rehabilitation program with evidence of tissue insult or neurologic dysfunction that has been shown to be correctible by invasive treatment and agreement to undergo invasive treatment if the presence of a correctible lesion is confirmed. In this case, none of the criteria for elbow MRI has been met. The patient has full range of motion. There is no medical indication for the imaging study. The request for an MRI of the right elbow is not medically necessary or appropriate.