

Case Number:	CM14-0100622		
Date Assigned:	07/30/2014	Date of Injury:	06/29/2012
Decision Date:	09/23/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for carpal tunnel syndrome reportedly associated with an industrial injury of June 29, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; left and right carpal release surgeries in 2013; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated May 29, 2014, the claims administrator denied a request for cervical MRI imaging, citing non-MTUS ODG guidelines in conjunction with MTUS guidelines. The claims administrator apparently denied the request on the grounds that the applicant had reportedly not failed conservative care, although the applicant was a little less than two years removed from the date of injury as of the date of the request. The applicant's attorney subsequently appealed. In a May 16, 2014 orthopedic consultation, the applicant was described as having persistent complaints of paraesthesias about the bilateral hands. The attending provider stated that he, too, was concerned about the possibility of the applicant's having a cervical radiculopathy. Cervical MRI imaging was sought, although there was no explicit mention of the applicant's having any complaints of neck pain per se. In a May 5, 2014 progress note, the applicant was again described as having persistent complaints of bilateral hand and wrist pain with associated paresthesias. Tenderness was noted about the carpal tunnel regions bilaterally. The applicant was not working, it was noted. On April 7, 2014, the applicant was placed off of work, on total temporary disability. 6-7/10 upper extremity paresthesias were reported. There was, however, no mention of issues with neck pain, although the attending provider did report a positive Spurling maneuver. MRI imaging of the cervical spine was endorsed to search for a possible cervical source for the applicant's complaints.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there is no evidence that the applicant is actively considering or contemplating any kind of invasive procedure involving the cervical spine. There is no evidence that the applicant is a candidate for cervical spine surgery. There is no evidence that the applicant is considering cervical epidural steroid injection therapy. The applicant, furthermore, appears to have little or no direct complaint associated with the cervical spine, it is further noted. For all of the stated reasons, then, the request is not medically necessary.