

Case Number:	CM14-0100792		
Date Assigned:	07/30/2014	Date of Injury:	06/29/2012
Decision Date:	09/17/2014	UR Denial Date:	06/20/2014
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 Physical Medicine and Rehabilitation 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 46-year-old female who reported injury on 06/29/2012. The mechanism of injury was not provided. The documentation of 04/07/2014 revealed the injured worker's medications included ibuprofen. The other therapies and diagnostic studies were not provided. The injured worker underwent bilateral carpal tunnel releases. The injured worker was noted to have hand pain and numbness and tingling with episodes of electrical shock lasting for only moments, and it was noted this occurred with certain movements of the right shoulder and right hand. The physical examination revealed tenderness over the carpal release scars and over the thumbs and thenar eminences bilaterally. There was tenderness over the lower cervical paraspinal musculature, right worse than left, where muscle spasms and myofascial trigger points were noted. The Spurling's test was positive, causing increased tingling in the right upper extremity, primarily in the shoulder region. The cervical spine range of motion revealed slight restriction upon right rotation, secondary to pain. The diagnoses included neuropraxia bilateral upper extremities. The treatment plan included, as the injured worker had a positive Spurling's, the request was made for an MRI of the cervical spine to rule out the presence of a subtle, but possible cervical spine disc herniation resulting in a double crush situation. There was no Request for Authorization submitted for the request.

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, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck & Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines indicate for most injured workers with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies include the 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 the anatomy prior to an invasive procedure. The clinical documentation submitted for review indicated the injured worker had a positive Spurling's test. However, there was a lack of documentation indicating the injured worker had failed conservative care. Given the above, the request for an MRI of the cervical spine is not medically necessary.