

Case Number:	CM14-0105203		
Date Assigned:	07/30/2014	Date of Injury:	08/03/2012
Decision Date:	09/15/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/08/2014

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 Anesthesiology, has a subspecialty in Pain 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 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 57 year old female who reported an injury regarding both upper extremities. The clinical note dated 01/24/14 indicates the injured worker having completed 16 physical therapy visits to date. The injured worker has complaints of ongoing numbness and tingling in both upper extremities. A positive Tinel's and Phalen's were identified at both wrists. The clinical note dated 02/21/14 indicates the injured worker complaining of cervical spinal pain with decreased range of motion. Tenderness was identified upon palpation throughout the cervical spine. There was also an indication the injured worker is demonstrating 4/5 strength. The MRI of the cervical spine dated 03/30/13 revealed multi-level degenerative changes. No evidence of central canal stenosis was identified. The utilization review dated 06/23/14 resulted as not medically necessary for an MRI of the cervical spine, as no information had been submitted regarding any significant changes involving the cervical spine, in comparison to the previous studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine (3.0 Tesla): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The documentation indicates the injured worker complaining of cervical region pain with associated range of motion deficits. There was also an indication the injured worker was demonstrating 4/5 strength in the upper extremities. The injured worker has previously undergone an MRI of the cervical spine which revealed disc desiccation at multiple levels. No information was submitted regarding the development of new symptomology. Additionally, the clinical exam revealed no significant change in the injured worker's pathology. Given these factors, a repeat study of the cervical spine is not fully indicated at this time. Additionally, the request for an MRI of the cervical spine is not medically necessary.