

Case Number:	CM14-0110510		
Date Assigned:	08/01/2014	Date of Injury:	09/12/2007
Decision Date:	09/16/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/16/2014

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 Illinois. 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 52-year-old male who reported an injury on 09/12/2007. The mechanism of injury was not provided. His diagnoses included cervical spine strain, cervical degenerative disc disease, cervical facet arthropathy and cervical radiculitis. Past treatments included medications, diagnostic studies, and injections. Pertinent diagnostic testing included an EMG on 05/09/2014, which revealed severe right-sided carpal tunnel syndrome and ulnar nerve compression. There was no pertinent surgical history provided. On 06/25/2014, the injured worker was in for cervical spine pain. His symptoms had been worse and the pain was shooting to the right arm. The injured worker's prescription for opioid pain medication was stopped since he had 2 urine drug tests that were positive for medications that were not prescribed to him, which indicated he was noncompliant with the policy of the opioid contract. He had some weakness that was worsening and it could be related to a carpal tunnel syndrome of the hand. Upon physical examination of the cervical spine, active motion flexion was at 30 degrees and extension at 20 degrees. On 08/07/2014, the injured worker was seen for cervical spine pain. He was waiting scheduling for acupuncture, which had been approved. His pain level was an 8/10. He continued to complain of worsening weakness especially in right upper extremity, as well as inability to hold heavy objects with right hand, i.e. a glass of water. Upon examination his right upper extremity strength was 4/5; right trapezius muscle was tender to palpation. There was resistance noted with range of motion of the shoulder. The right shoulder abduction was 90 degrees, grip strength was 3/5, unable to supinate with right wrist, positive swelling, right upper extremity shakes throughout limited range of motion. The cervical spine active motion for flexion was 30 degrees and extension was 20 degrees. There were no medications provided. Treatment plan was to keep the injured worker off opioid pain medication for at least the next several months, stay off of work for the next 3 to 4 weeks, request for authorization for

acupuncture for the neck and arm pain, request for authorization for consult to an orthopedist, request for authorization for a cervical MRI and if there is something positive correlating to his symptoms, we would consider a cervical epidural steroid injection in the future. The request is for an MRI of the cervical spine. The rationale was to see if anything was there. The Request for Authorization was not provided.

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): 177-179.

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

Decision rationale: The injured worker has a history of cervical spine pain. The California MTUS/ACOEM Guidelines state that imaging studies may be ordered if there is an emergent or significant change in symptoms, evidence of tissue insult or neurovascular dysfunction, failure to progress in strengthening program intended to avoid surgery and/or need for clarification of anatomy prior to an invasive procedure. It was noted in the documentation that the requesting physician was ordering a cervical MRI to gain clarification of anatomy prior to proceeding with a cervical epidural injection. However, it was also noted that the injured worker had severe right-sided carpal tunnel syndrome and ulnar nerve compression. This was shown on the EMG report, which correlates with the injured worker's right sided radicular symptoms. It is suggested that the injured worker receive treatment for the ulnar nerve compression and right sided carpal tunnel before receiving an MRI of the cervical spine and cervical epidural steroid injection. As such, the request is not medically necessary.