

Case Number:	CM14-0116921		
Date Assigned:	08/04/2014	Date of Injury:	01/30/2004
Decision Date:	09/24/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/24/2014

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 and Florida. 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 a 41 year old female who was injured on 1/30/2004. The diagnoses are cervicgia, right elbow and shoulder pain and migraine headache. According to the UR doctor Dr. [REDACTED], on 4/22/2014 Dr. [REDACTED] noted subjective complaints of headache and neck pain radiating to the upper extremities. The pain was described as burning and stabbing around the right elbow area. The pain score was rated at 4/10 on a scale of 0 to 10. There was no documentation of neurological deficits on clinical examination. On 2/19/2014, Dr. [REDACTED] noted diagnoses of anxiety disorder, bipolar depression and past substance abuse history. A Utilization Review determination was rendered on 6/24/2014, recommending non certification for bilateral upper extremities EMG/NCS, MRI of the cervical spine and right elbow sleeve.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation (ODG) Neck Pain. Pain Chapter.

Decision rationale: The California MTUS and the Official Disability Guidelines (ODG) recommend that MRI can be utilized to investigate or clarify causes of progressive neurological deficit when physical examinations and basic radiological tests were inconclusive. The records did not show subjective or objective findings of motor or neurological deficits involving the cervical spine. The burning pain was localized to the right elbow. The criteria for MRI of the cervical spine were not met. As such, the request for a MRI of the cervical spine is not medically necessary and appropriate.