

Case Number:	CM14-0119211		
Date Assigned:	09/24/2014	Date of Injury:	09/21/2012
Decision Date:	12/04/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/29/2014

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 Pain Medicine and is licensed to practice in California and Washington. 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 43-year-old female who reported an injury due to cumulative and repetitive movements on 09/21/2012. On 05/01/2014, her diagnoses included bilateral carpal tunnel syndrome, bilateral De Quervain's tenosynovitis, bilateral elbow lateral epicondylitis, bilateral shoulder impingement syndrome, and rule out cervical radiculopathy. Her complaints included neck pain which radiated down both arms with numbness and tingling in both hands. She stated that her right upper extremities symptoms were greater than the left. There was tenderness noted in the midline and paraspinal cervical regions with muscle spasms. Her cervical ranges of motion measured in degrees were flexion 10/45, extension 20/45, right tilt 25/45, left tilt 20/45, right rotation 40/60, and left rotation 45/60. She had intact sensation at all levels except C7 on the right. She had an EMG/nerve conduction velocity study in 03/2013 which was reported as a normal study. The treatment plan included a recommendation for an magnetic resonance imaging (MRI) of the cervical spine to rule out radiculopathy as the causation of her upper extremity numbness and pain. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine w/o Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 182.

Decision rationale: The request for magnetic resonance imaging (MRI) Cervical Spine w/o Contrast is not medically necessary. The California ACOEM Guidelines note that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would otherwise consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause such as magnetic resonance imaging for neural or other soft tissue injuries. MRIs are recommended for acute neck and upper back conditions when red flags for fracture or neurologic deficit associated with acute trauma, tumor, or infection are present. There was no evidence in the submitted documents that this injured worker had undergone conservative care including medications, acupuncture, chiropractic treatment, or physical therapy of the cervical spine. Additionally, there were no red flags identified for fracture or other neurological deficit associated with trauma, tumor, or infection. The clinical information submitted failed to meet the evidence based guidelines for MRI. Therefore, this request for MRI cervical spine w/o contrast is not medically necessary.