

Case Number:	CM14-0126279		
Date Assigned:	08/13/2014	Date of Injury:	10/29/2012
Decision Date:	09/24/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/08/2014

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 Occupational Medicine 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 patient is a 38-year-old female who has submitted a claim for DeQuervain's tendinitis and carpal tunnel syndrome associated with an industrial injury date of 10/29/2012. Medical records from 12/06/2013 to 08/13/2014 were reviewed and showed that patient complained of bilateral hand pain (pain scale grade not specified) radiating to the left forearm and upper arm. Physical examination of the right wrist/hand revealed tenderness to palpation along the anterior aspect of the wrist and forearm with full ROM. Complete evaluation of the left wrist/hand was not made available. EMG/NCV study of the upper extremities dated 12/22/2012 was unremarkable. X-ray of the wrist/hand (date not made available) was unremarkable. Treatment to date has included physical therapy and pain medications. Utilization review dated 07/08/2014 denied the request for 1 MRI of the cervical spine, as an outpatient because the diagnosis involved the wrist/hands; hence, there is no medical indication for cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI for the cervical spine, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM-[https://www.acoempracguides.org/Cervical and Thoracic Spine, Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine)ODG (Official Disability Guidelines)Work Loss Data Institute, LLC; Corpus Christi, TX:www.odg-twc.com;Section: Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter, Magnetic resonance imaging (MRI).

Decision rationale: Pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS states that imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, the patient complained of bilateral wrist pain. There was no subjective and objective finding that indicates an underlying cervical pathology or identifies a specific nerve compromise. There is no clear indication for cervical spine MRI at this time. Therefore, the request for 1 MRI for the cervical spine, as an outpatient is not medically necessary.