

Case Number:	CM14-0129207		
Date Assigned:	08/18/2014	Date of Injury:	10/15/2004
Decision Date:	09/16/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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 & Rehabilitation 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 55 year old female who sustained injuries to her neck on 10/15/04. Mechanism of injury was not documented. The injured worker underwent bilateral carpal tunnel surgery on 04/15/13 on her left wrist and 05/30/13 on her right wrist. Clinical note dated 01/27/14 reported that the injured worker had been doing fairly well from that standpoint. As of now, she did not feel tingling and occasionally she got pain in the right middle finger, but that may have been related to her neuropathy related to her cervical spine problems since the surgery. She was able to grip without difficulty and did not have numbness and tingling. It was noted that her main problem was her cervical spine. The injured worker was status post neck surgery three months prior to this date. The injured worker was treated with occupational therapy following carpal tunnel release of the bilateral wrists. Appeal letter dated 08/05/14 reported that the injured worker still had significant neck pain and lumbar radiculopathy after eight months post surgery. This was an unexpected result of the procedure. New MRI of the cervical spine was requested. After the diagnostic study was performed, it would be determined whether the injured worker could increase her hours at work or proceed to other types of treatment. There were no previous imaging studies and there was no recent physical examination of cervical spine.

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 Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, Neck & Upper Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI).

Decision rationale: The request for MRI of the cervical spine is not medically necessary. Previous request was denied on the basis that the prior MRI of the cervical spine was not submitted for review. Moreover, there is limited evidence of neurological deficits in a dermatomal distribution of the bilateral upper extremities such as motor deficit and/or sensory alteration with positive nerve root compression test supporting new MRI of the cervical spine. In addition, there was limited evidence of significant change in physical examination findings or exacerbation of event to warrant the request. There was no record of new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There was no recent detailed physical examination of the cervical spine that would indicate any decreased motor strength, increased reflex, or sensory deficits. There was no indication that plain radiographs were obtained prior to the request for more advanced MRI. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for MRI of the cervical spine is not indicated as medically necessary.