

Case Number:	CM14-0145068		
Date Assigned:	09/12/2014	Date of Injury:	08/04/2010
Decision Date:	11/06/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/08/2014

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 injured worker is a 52-year-old female who sustained an injury on August 4, 2010. She is diagnosed with (a) chronic axial neck pain, bilateral arm numbness and tingling sensations, industrially related, aggravated secondary to injury dated August 4, 2010; (b) magnetic resonance imaging (MRI) scan dated January 20, 2014, which revealed spinal stenosis most notable at C5-6; (c) no signs of myelopathy noted on examination except for difficulty with tandem walking; (d) rule out cervical instability; (e) rule out bilateral upper extremity peripheral neuropathy; (f) thyroid enlargement noted incidentally on cervical magnetic resonance imaging (MRI) dated January 20, 2014, non-industrial; (g) significant symptoms of gait ataxia with inner ear workup thus far negative, per injured worker's report; (h) magnetic resonance imaging (MRI) scan of the cervical spine dated June 6, 2014 revealed broad-based disc osteophyte complex that compress the anterior cord, right side greater than left, with bilateral neuroforaminal narrowing and small disc osteophyte complex at C4-5. She was seen for an evaluation on August 6, 2014. She had complaints of neck pain as well as bilateral arm symptoms and numbness and tingling sensations in both arms. She also reported pain in between shoulder blades, gait imbalance, and headaches. An examination of the cervical spine revealed tenderness over the lower cervical region. Tinel's sign was positive at the right wrist for numbness and tingling sensations into the median nerve distribution of the middle three fingers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic Study Models: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/17002737> j Oral Rehabil.2006 Nov;33(11):789-99

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The medical necessity was not established based on the reviewed medical records. The purpose of the request was also not provided. There was no indication of any presence of red flags in the reviewed medical records to warrant the need for diagnostic study models. Hence, the request for Diagnostic Study Models is not medically necessary.

Computerized Sonogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/17002737>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: The medical necessity was not established based on the reviewed medical records. The purpose of the request was also not provided. There was no indication of any presence of red flags in the reviewed medical records to warrant the need for computerized sonogram. Hence, the request for Computerized Sonogram is not medically necessary.