

Case Number:	CM14-0155546		
Date Assigned:	10/03/2014	Date of Injury:	08/16/2013
Decision Date:	11/21/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/23/2014

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, has a subspecialty in Interventional Spine 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 29-year-old female with date of injury of 08/16/2013. The listed diagnoses as of 10/01/2014 are cervicalgia; neck pain; carpal tunnel syndrome; elbow tendonitis and low back pain. According to this report, the patient complains of right elbow and arm pain. She describes tingling and numbness in the right hand. The patient also reports bilateral wrist pain and swelling. She denies lower extremity radiculopathy symptoms. Lumbosacral range of motion testing is within normal limits. The treater references an EMG/NCV of the upper extremities from 07/24/2014 that showed evidence of peripheral neuropathy or cervical radiculopathy. The treater also references an MRI of the cervical spine from June 2014 that showed diffuse concentric posterior annular disk bulges at C3-C4, C4-C5, and C6-C7. The utilization review denied the request on 09/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of The Thoracic and Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: This patient presents with right elbow and arm pain. The treater is requesting an MRI of the thoracic and lumbar spine. The ACOEM Guidelines page 303 on MRI for the back states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies in patients who did not respond to treatment and would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Official Disability Guidelines (ODG) also states that repeat MRI is not routinely recommended and should be reserved for significant changes in symptoms and/or findings suggestive of significant pathology (e.g. tumor, infection, fracture, nerve compression, and recurrent disk herniation). The records do not show any recent MRI of the thoracic and lumbar spine. Aside from range of motion testing in the lumbosacral region in the report 10/01/2014, the examination does not show any nerve dysfunction, red flag signs and sensory deficits in the lumbar spine and thoracic spine that would warrant the need of an imaging study. Therefore, this request is not medically necessary.