

Case Number:	CM14-0169732		
Date Assigned:	10/20/2014	Date of Injury:	08/08/2013
Decision Date:	11/28/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

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 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 56 year old female with a date of injury on 8/8/2013. As per the report of 08/08/13, she complained of bilateral wrist pain. On exam, there was full range of motion bilaterally. There was decreased grip and strength. Tenderness to palpation over the median nerve dermatome was noted. As per the report of 04/04/14, she was three months status post left shoulder arthroscopy. As per the report of 07/08/14, current medications include Tramadol Hydrochloride Extended-Release, Naproxen Sodium, and Ondansetron. She has received pain medication, heating pads, a left wrist brace, and a left shoulder sling. Physical therapy and chiropractic treatment helped her a little bit. Her diagnosis is bilateral carpal tunnel syndrome. The request for cervical magnetic resonance imaging was denied on 09/29/14.

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.

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, MRI

Decision rationale: According to the Official Disability Guidelines, magnetic resonance imaging of the cervical spine is recommended in: Chronic neck pain (after three months conservative treatment) with normal x-ray when neurological signs and symptoms are present; neck pain with radiculopathy if severe or progressive neurological deficits; chronic neck pain with radiographs show old trauma or spondylosis with neurological signs and symptoms present; chronic neck pain with radiographs show bone or disc margin destruction; in suspected cervical spine trauma with clinical findings suggestive of ligament injury (with x-ray / computed tomography normal); known cervical spine trauma with equivocal or positive plain films with neurological deficits. In this case, the clinical information is limited and the above criteria are not met. Furthermore, there is no evidence of any trauma, infection, fracture, red flag signs, and plan for surgery or progressive neurological deficits to warrant magnetic resonance imaging. Therefore, the medical necessity of the requested service cannot be established per guidelines due to lack of documentation. Therefore, this request is not medically necessary.