

Case Number:	CM14-0177987		
Date Assigned:	10/31/2014	Date of Injury:	01/30/2014
Decision Date:	12/08/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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 Family 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:

This is a 44 year old female patient who sustained a work related injury on 1/30/14. Patient sustained the injury due to repetitive keyboarding in her job. The current diagnoses include CTS, cervical spine- radiculopathy, upper extremity neuropathy, forearm shoulder sprain/strain and cervical sprain/strain. Per the doctor's note dated 10/14/14, patient has complaints of neck pain that radiates into the right shoulder and right forearm and hand and swelling of the right forearm. Physical examination revealed flexion 30, extension 40, rotation 60 on the left and 35 on the right, side bending 25 bilaterally, right shoulder depression produced pain and bilateral foraminal compression produced cervical pain. The current medication lists include ibuprofen and Flexeril, Advil, Aleve, and Tylenol. The patient has had EMG/NCV on 5/27/14 that was normal. X-rays of her neck have been done. X-rays of the right shoulder and elbow were with normal findings. Any surgical or procedure note related to this injury were not specified in the records provided. The patient was certified for 12 chiropractic and PT visits for this injury. She was given a right wrist brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient does not have any severe or progressive neurological deficits that are specified in the records provided. The findings suggestive of tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided. The patient was certified for 12 chiropractic and physical therapy visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. The patient has had an EMG/NCV on 5/27/14 that was normal. A plan for an invasive procedure of the cervical spine was not specified in the records provided. Per the guidelines the medical necessity of MRI of cervical spine is not fully established for this patient.