

Case Number:	CM14-0023171		
Date Assigned:	05/14/2014	Date of Injury:	01/27/2013
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 patient is a 43 y/o gentleman who started noticing bilateral hand numbness while lifting potatoes on a repetitive basis, DOI 1/27/2014. He has been evaluated by multiple specialists with a consistent diagnosis of bilateral carpal tunnel syndrome. No cervical radiculopathy has been noted by these evaluators. On 5/17/13 electrodiagnostic studies confirmed criteria for bilateral carpal tunnel syndrome and there were no electrodiagnostic findings suggestive of a cervical radiculopathy. It is reported the the cervical MRI request is due to a feeling of tightness at the end range of motion. There are no other findings reported suggesting there may be a cervical condition that could warrant procedural intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE: 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): 182.

Decision rationale: Both ACOEM and ODG are clear regarding these circumstances: that reasonably evident neurologic exam findings and symptoms be present prior to cervical MRI

testing. There has been extensive evaluations that have determined there is bilateral carpal tunnel syndrome, but there is essentially nothing supporting a concurrent cervical radicular problem and no other "red flag" conditions are documented. Electrodiagnostic testing did not reveal any hint of a radicular problem. The cervical MRI does not appear medically necessary.