

Case Number:	CM14-0031484		
Date Assigned:	06/13/2014	Date of Injury:	03/23/2011
Decision Date:	07/17/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/03/2014

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 Neurological Surgery 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 employee is a 61-year-old male injured on March 23, 2011. The mechanism of injury was noted of continuous typing in computer work on March 23, 2011. The most recent progress note, dated February 6, 2014, noted the patient weighed 183 pounds, height 5 feet 7 inches and revealed bilateral wrist pain left greater than right with numbness of both hands, as well as left arm pain from carrying a 15-month-old child. Physical exam revealed neurologically the patient has normal sensation. Strength is normal. Reflexes 2/2 with no sensory deficit. Bilateral range of motion of both wrists normal with no tenderness, no swelling, no deformity and no crepitance. Diagnostic imaging included an x-ray, which was normal. There were attempts of EMG and NCV studies. Previous treatment included cock up splint, Mobic by mouth daily and physical therapy. A request had been made for an MRI of the cervical neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGES (MRI) OF THE CERVICAL NECK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Based on the patient's history, mechanism of injury and clinical findings, there is no indication for an MRI of the cervical spine. According to the ACOEM guidelines MRI is indicated for patients with subacute or chronic radicular pain syndromes lasting at least 4-6 weeks and in whom dermatomal or myotomal symptoms are not trending towards improvement, According to physical exam, there are no neurological or sensory findings to support the reason for an MRI. Therefore, the requested MRI of the cervical neck it is not medically necessary.