

Case Number:	CM14-0038617		
Date Assigned:	06/27/2014	Date of Injury:	09/08/2011
Decision Date:	08/22/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

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 Nevada. 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 records presented for review indicate that this 53 year-old female was reportedly injured on 9/8/2011. The mechanism of injury is noted as cumulative trauma injury. The most recent progress note dated 3/14/2014, indicates that there are ongoing complaints of neck and left upper extremity pain. Physical examination demonstrated restricted cervical spine range of motion: flexion 30, extension 30; decreased left elbow range of motion with extension; painful wrist range of motion bilaterally with positive Phalen's and Carpal Tunnel Compression tests; strength exam: 4/5 left grip & wrist extensors/flexors; decreased sensation over right medial/lateral forearm. MRI of the cervical spine dated 10/18/2012 demonstrated cervical straightening and central stenosis at multiple levels, with disk bulges at C4-C5, C5-C6, and C6-C7; moderate left neural foraminal narrowing at C6-C7. Diagnosis: brachial neuritis, carpal tunnel syndrome, tenosynovitis, joint pain and depression with suicidal thoughts in 2012. Previous treatment includes physical therapy, psychotherapy and medications. A request had been made for MRI Cervical Spine and was not certified in the utilization review on 3/24/2014.

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: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI (electronically sited).

Decision rationale: The ACOEM practice guidelines support repeating an MRI of the cervical spine for significant, new radicular or myelopathy symptoms if both the patient and surgeon are considering prompt surgical treatment and the previous MRI is more than 6 months old. Review of the available medical records included an MRI of the cervical spine dated 10/18/2012; however, there is no mention, referral or recommendation for cervical spine surgery. Therefore, this request is not considered medically necessary.