

Case Number:	CM14-0054382		
Date Assigned:	07/07/2014	Date of Injury:	07/30/2007
Decision Date:	08/29/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/23/2014

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:

This is a 57-year-old female with a 7/30/07 date of injury; the mechanism of the injury was not described. The patient was seen on 11/6/13 with complaints of left sided neck pain radiating into the left hand and forearm. The patient also reported constant numbness and tingling in the left hand, which has been disturbing her sleep. The exam findings revealed decreased range of motion in the cervical spine, worse in lateral torsion and tenderness over the trapezius and intrascapular soft tissues and tenderness over the left glenohumeral joint. There was partial sensory deficit distribution over C6 and C8 in the left upper extremity and weakness in the left wrist. Phalen's and Tinel's testes were positive bilaterally. The patient was seen on 1/15/14 with complaints of increasing left sided neck pain with numbness, tingling and radiation into the left hand. She also complained of left elbow and shoulder pain. The patient also complained of the left elbow pain increased over the lateral epicondyle and she was recommended for a cortisone injections. The diagnosis is cervical strain, left shoulder tendonitis and bilateral carpal tunnel syndrome. Treatment to date: cortisone injections, medications and exercises. An adverse determination was received on 4/4/14. The request for MRI of the cervical spine was denied due to a lack of documentation indicating that the patient tried and failed conservative therapies and there was a lack of evidence of significant objective findings to warrant the need for imaging.

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 Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Neck and Upper Back Chapter-MRI).

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In addition, ODG indications for imaging MRI (magnetic resonance imaging) include: Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; Neck pain with radiculopathy if severe or progressive neurologic deficit. Given that the patient's injury was over 7 years ago, there is a lack of documentation indicating that the patient had performed radiographs of the cervical spine. In addition, it is not clear if she tried and failed conservative treatments and the physical examination did not reveal progressive neurologic deficits. Therefore, the request for MRI Cervical Spine was not medically necessary.