

Case Number:	CM14-0055460		
Date Assigned:	09/10/2014	Date of Injury:	08/05/2004
Decision Date:	10/22/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/15/2014

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 66 year old female claimant sustained a work injury involving the neck and wrists. She was diagnosed with cervical radiculopathy and bilateral carpal tunnel syndrome. A progress note on 11/19/13 indicated the claimant had burning pain in the left arm with numbness in the 1st to 3rd fingers. Exam findings were notable for positive Spurling signs, decreased sensation in the left 1st to 3rd fingers, cervical tenderness and positive Phalen, signs in both wrists. The claimant had already undergone a surgical decompression of the left wrist. The physician requested a magnetic resonance imaging (MRI) of the cervical spine due to exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Scan of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, a magnetic resonance imaging (MRI) of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute

neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. Findings were consistent with known radiculopathy and carpal tunnel syndrome. The request for an MRI of the Cervical Spine is not medically necessary.