

Case Number:	CM14-0063332		
Date Assigned:	07/11/2014	Date of Injury:	10/30/2007
Decision Date:	08/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/05/2014

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 injured worker is a female with date of injury 10/30/2007. Per primary treating physician's progress report, the injured worker complains of pain in the cervical spine, lumbar spine, and bilateral hands. She also complains of internal issues, psyche issues and high blood pressure. She is currently working. She rates her pain in her cervical spine and lumbar spine as 8/10 and bilateral hand pain at 10/10. On exam, she is in no acute distress. Her mood is appropriate and affect is normal. Examination of the cervical spine revealed limited range of motion. There was tenderness to palpation and hypertonicity noted over the bilateral trapezius and paravertebral muscles bilaterally. Cervical compression test was positive. Spurling's test was also positive bilaterally. Deep tendon reflexes were 2+ at brachioradialis and triceps muscles bilaterally. Examination of the wrists revealed limited range of motion with flexion and extension both measured at 40 degrees on the right and 10 degrees on the left. Radial and ulnar deviation both measured at 20 degrees on the right. Sensation was decreased in the median nerve distributions at 4/5 bilaterally. There was tenderness noted dorsally. Diagnoses include 1) acute cervical strain 2) acute lumbar strain 3) bilateral carpal tunnel syndrome, severe, right worse than left 4) left wrist malunion secondary to fall, secondary to right foot previous work related injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The injured worker's injury occurred over 6 years ago, and she has been diagnosed with cervical strain. Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, and magnetic resonance imaging (MRI) may be necessary. Other criteria for special studies are also not met, such as emergence or a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. An MRI is not likely to provide a benefit for the injured worker in her present condition and treatment plan. The request for MRI of the cervical spine is determined to not be medically necessary.

MRI of the Bilateral Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand chapter.

Decision rationale: The injured worker has been diagnosed with bilateral carpal tunnel syndrome, and has surgery scheduled. The request for magnetic resonance imaging (MRI) is reportedly made to assist the surgeon that will be performing the surgery. The MTUS Guidelines report that MRI can be used to identify carpal tunnel syndrome, however this injured worker has already been diagnosed with carpal tunnel syndrome. The Official Disability Guidelines (ODG) recommends the use of MRIs for chronic wrist pain if plain films are normal and there is suspected soft tissue tumor or Kienbock's disease. The request is for MRI of the bilateral wrists is determined to not be medically necessary.