

Case Number:	CM14-0075968		
Date Assigned:	07/16/2014	Date of Injury:	03/16/2011
Decision Date:	09/16/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/23/2014

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:

The patient is a 49-year-old male who has submitted a claim for comminuted distal right femur fracture with intra-articular extension status post ORIF with retained symptomatic metal and patella baja, right hip trochanteric bursitis improved, lower back pain with mild DDD, bilateral carpal tunnel syndrome asymptomatic, bilateral ulnar neuritis at the elbows right greater than left, and bilateral ulnar neuritis Guyon's canal asymptomatic associated with an industrial injury date of 03/16/2011. Medical records from 04/01/2013 to 07/16/2014 were reviewed and showed that patient complained of neck pain and tingling in the fourth and fifth digits of the hands bilaterally. Physical examination revealed decreased cervical spine ROM. DTRs were 2+ throughout the upper extremities. Sensation to light touch of upper extremities was intact. Tinel's and Phalen's signs were negative. EMG/NCV of upper extremities dated 10/25/2011 and 01/24/2012 both revealed mild bilateral carpal tunnel syndrome and sensory ulnar neuropathy Guyon's canal on the right. The treatment to date has included pain medications such as Norco. A Utilization review dated 05/06/2014 denied the request for EMG/NCV of bilateral upper extremities and cervical MRI because there was no clinical information given regarding these anatomic areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: Pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS states that imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, the patient complained of neck pain with tingling of fourth and fifth digits (bilateral hands). Physical examination revealed normoreflexia, normal sensation of upper extremities and negative Tinel's and Phalen's tests. The patient's clinical manifestations were not consistent with a focal neurologic deficit. There was no discussion of a contemplated surgical procedure or trial of conservative treatment which are required by the guidelines for MRI study. There is no clear indication for MRI study based on the available medical records. Therefore, the request for Cervical MRI is not medically necessary.