

Case Number:	CM14-0193477		
Date Assigned:	12/01/2014	Date of Injury:	03/07/2014
Decision Date:	04/14/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 52 year old female who sustained an industrial injury on 3/7/14. The injured worker reported symptoms in the bilateral hands. The injured worker was diagnosed as having cervicalgia, lateral epicondylitis, and carpal tunnel syndrome and hand pain. Treatments to date have included activity modification and hand therapy. In a progress note dated 11/5/14 the treating provider reports the injured worker was with bilateral hand pain and numbness as well as difficulty with activities of daily living "secondary to hand pain and lack of dexterity as well as the numbness in her fingers."

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI Qty 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI cervical spine is not medically necessary. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness and no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult with nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are bilateral carpal syndrome; lateral epicondylitis; cervical radiculopathy; cervicgia; and hand pain. The documentation indicates the injured worker was worked up with EMG/nerve conduction studies of the upper extremities. There were no electrodiagnostic findings of cervical radiculopathy. There is no documentation including the emergence of a red flag or physiologic evidence of tissue insult with nerve impairment. There are no significant neurologic findings (other than objective findings compatible with carpal tunnel syndrome). Additionally, there are no cervical spine plain radiographs documented in the medical record (a prerequisite to MRI of the cervical spine). Consequently, absent clinical documentation with the emergence of a red flag, physiologic evidence of tissue insult with nerve impairment, prior electrodiagnostic studies that did not show evidence of cervical radiculopathy and absence of plain cervical radiographs, MRI cervical spine is not medically necessary.