

Case Number:	CM15-0000045		
Date Assigned:	01/09/2015	Date of Injury:	01/08/2014
Decision Date:	03/05/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	12/31/2014

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

Certification(s)/Specialty: Emergency 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 41 year old male, who sustained an industrial injury on 1/8/14 while he was delivering packages with diagnosis of De Quervain's. On 11/13/2014 the injured worker was seen for an orthopedic follow-up with regard to his left wrist, shoulder, elbow and cervical spine injuries. The documentation noted that the injured worker had been trying to improve on his own at the gym, perform shoulder and triceps presses without any difficulty. However, biceps curl and rolling motions cause significant pain in the left elbow and shoulder and still reporting pain along the wrist that was unchanged. Physical examination noted cervical range of motion was intact; spurling's test was negative. Shoulder examination reveals mild impingement with Hawkins and Neer signs, no obvious weakness noted. Elbow reveals tenderness directly over the brachioradialis, pain noted with resisted pronation and supination with flexion. Wrist reveals tenderness over the dorsal and volar aspects of the wrist, there was minimal tenderness over the first dorsal compartment, Finkelstein's test was mildly positive. Cervical spine X-rays from February 3, 2014 showed mild deterioration of the left C3 level. March 3, 2014, wrist X-ray showed bony fragment near the lunate. According to the utilization review performed on 12/20/2014, the requested Magnetic Resonance Imaging (MRI) neck spine without dye has been non-certified. CA MTUS Guidelines, American College of Occupational and Environmental Medicine were utilized in the utilization review decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI NECK SPINE W/O DYE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of red flag signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient has no red flags or signs of any neurologic dysfunction. Patient has only noted physical/occupational therapy of the hand. There is no notes if any physical therapy to neck has been done or any response to it. Pt does not meet any indication for imaging. MRI of cervical spine is not medically necessary.