

Case Number:	CM15-0003357		
Date Assigned:	01/14/2015	Date of Injury:	07/22/2014
Decision Date:	03/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/07/2015

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: Family Practice

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 54 year old female who sustained a cumulative industrial injury as an electrical assembly mechanic to her neck, back and upper extremities on July 22, 2014. The injured worker is diagnosed with cervical radiculopathy, bilateral carpal tunnel syndrome and right shoulder strain. The injured worker continues to experience neck pain and bilateral upper extremity numbness and tingling. Treatment has consisted of physical therapy and chiropractic therapy. According to the chiropractic evaluation on November 20, 2014, the patient was taking fewer medications and was sleeping better. The injured worker also reported increased function and less pain. Examination revealed cervical tenderness, spasm, decreased range of motion, positive cervical distraction test, positive cervical compression test, positive shoulder decompression test, bilateral shoulder tenderness and spasm, positive shoulder apprehension and impingement, bilateral elbow tenderness and spasm, positive elbow flexion test, positive cubital tunnel test, positive tinel's and positive Tinel's. The treating physician requested authorization for magnetic resonance imaging of the cervical spine and the bilateral shoulders. On December 9, 2014 the Utilization Review denied certification for the magnetic resonance imaging (MRI) of the cervical spine. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM), Neck & Upper Back Complaints regarding Special Studies & Diagnostic and Treatment Considerations and the Official Disability Guidelines (ODG), Neck & Upper Back regarding indications for magnetic resonance imaging (MRI). The request was denied as the injured worker's condition had improved.

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back

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

Decision rationale: According to the ACOEM guidelines, criteria for ordering magnetic resonance imaging of the cervical spine include emergence of a red flag, physiologic evidence of tissue insult or nerve impairment, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The medical records do not establish clinical signs consistent with a focal neurologic deficit in a dermatomal or myotomal pattern to cause concern for cervical radiculopathy. The medical records also indicate that the patient's condition has improved. Without evidence of cervical nerve root compromise or other red flag findings, proceeding with a cervical spine magnetic resonance imaging not indicated.