

Case Number:	CM15-0004308		
Date Assigned:	01/15/2015	Date of Injury:	12/26/2013
Decision Date:	04/01/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/08/2015

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: Preventive Medicine, Occupational 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 47 year old female injured worker suffered an industrial injury on 12/26/2013. The diagnostic study was x-ray of the right hip. The treatments were medications and physical therapy. Treating provider reported bilateral hand pain and right hip pain described as constant dull aching in both hands. The injured worker reports she at times had difficulty sleeping and awakens at night with numbness and tingling in both hands. She also reported that while gripping the steering wheel she will have numbness in both hands. No focal dermatomal exam findings are documented. Prior electrodiagnostic testing is reported to be negative for radiculopathy. The Utilization Review Determination on 12/15/2014 non-certified MRI of the cervical spine, MTUS ACOEM.

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 8-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,182.

Decision rationale: The MTUS Guidelines support cervical MRI scanning when specific criteria are met. These criteria include objective findings supporting neurological insult from the spine, red flag medical conditions and when necessary to plan an appropriate procedure. These criteria have not been met. There are no exam or physical findings in the extremities that suggest a dermatomal dysfunction emanating from the spine. There are no physical exam findings from the spine that suggest a radiculopathic process. Under these circumstances, the request for the cervical MRI is not consistent with Guidelines and is not medically necessary.