

Case Number:	CM15-0100926		
Date Assigned:	06/03/2015	Date of Injury:	11/03/2013
Decision Date:	09/29/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/26/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 25 year old female sustained an industrial injury to the wrists, hands, head and neck on 11-3-13. Documentation did not disclose recent magnetic resonance imaging. Previous treatment included paraffin wax, transcutaneous electrical nerve stimulator unit, bracing and medications. In a PR-2 dated 4-16-15, the injured worker complained of neck and upper extremity pain and headaches. The injured worker also complained of sleep issues and mild gastric issues. The injured worker reported using a transcutaneous electrical nerve stimulator unit, heating pads and braces. Physical exam was difficult to decipher. Current diagnoses included carpal tunnel syndrome, acquired trigger finger, head injury, cervical spine sprain and myofascial pain. The injured worker received a paraffin wax to bilateral hands and wrists during the office visit. The treatment plan included cervical spine magnetic resonance imaging, left wrist cortisone injection, paraffin bath and a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, www.odg-twc.com, Section: Forearm, Wrist & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging.

Decision rationale: The patient was injured on 11/03/13 and presents with neck pain, upper extremity pain, and headaches. The request is for MRI Of The Cervical Spine Without Contrast. The utilization review rationale is that "there is little data supporting an active cervical radiculopathy." The RFA is dated 04/16/15 and the patient's work status is not provided. There is only one progress report provided from 04/16/15. Review of the reports provided does not indicate if the patient had a prior MRI of the cervical spine. Regarding MRI, the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: "Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction." It defines physiologic evidence as a form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist." ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging states: "Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit." The patient has tenderness and a positive Tinel's/Phalen's test. She is diagnosed with carpal tunnel syndrome, acquired trigger finger, head injury, cervical spine sprain and myofascial pain. Review of the reports provided does not indicate if the patient has had a prior MRI of the cervical spine. Given that the patient continues to have cervical spine pain and does not have a recent MRI of the cervical spine, the request appears reasonable. Therefore, the requested MRI of the cervical spine is medically necessary.