

<b>Case Number:</b>	CM15-0103418		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	10/01/2002
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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:

The injured worker is a 70 year old female who sustained an industrial injury on 10/1/02 in the form of cumulative trauma. She was treated with all forms of conservative treatment which provided temporary relief (note from 2/26/14). She then developed numbness, swelling and tingling in bilateral hands, wrists and fingers. She had right carpal tunnel release in 2005, left carpal tunnel release in 2007, redo of left hand surgery in 2008. She saw pain management for radiating neck pain, was administered epidural injection into the neck and experienced shooting pains in the neck. She currently complains of constant neck pain (7/10) radiating to the right arm with numbness and tingling; constant low back pain (7/10) radiating to the right lower extremity with numbness and tingling; constant right wrist/ hand pain (7/10) with numbness and tingling. Medications decrease pain level to 5/10. On physical exam the cervical spine demonstrates decreased range of motion with tenderness on palpation of the cervical spine and trapezius muscle; right wrist range of motion is decreased; lumbar range of motion is decreased along with tenderness to palpation along the lumbar spine with palpable spasms bilaterally and positive straight leg raise on the right. Medications are Nexium, Citricel, Colace, Simethicone, Probiotics, Bentyl, Voltaren gel, Tramadol, Theramine, gabdone. Diagnoses include cervical radiculopathy; right middle trigger finger; lumbar spondylosis. Diagnostics include MRI of the cervical spine (5/31/14) showing mild disc desiccation. On 5/21/15 Utilization Review evaluated request for MRI of the right and left hand/ wrists; MRI of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right and left hand/wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Chapter 11 Wrist/Hand/Forearm, Special Studies and Diagnostic, pages 268-269.

**Decision rationale:** Criteria for ordering imaging studies such include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for repeating the MRI with unchanged exam findings without instability or progressive and deteriorating neurological deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the right and left hand/wrists is not medically necessary or appropriate.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic and Treatment Considerations, page(s) 171-171, 177-179.

**Decision rationale:** Symptoms and clinical findings have remained unchanged for this chronic injury without new acute trauma, red-flag conditions, documented failed conservative trial, or flare-up of chronic symptoms and diagnoses already established to support for an updated imaging study. Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including report from providers have not adequately demonstrated the indication for repeating the MRI of the Cervical spine nor identify any specific acute change or progressive deterioration in clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the cervical spine is not medically necessary or appropriate.