

Case Number:	CM15-0103752		
Date Assigned:	07/28/2015	Date of Injury:	01/04/2013
Decision Date:	08/31/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/29/2015

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 42 year old male, who sustained an industrial injury on 1/4/13. The injured worker has complaints of right hand pain. The diagnoses have included right carpal tunnel syndrome. Treatment to date has included right hand X-ray showed no fracture; injections; medications; ice, wrist splint and coban wrap. The request was for magnetic resonance imaging (MRI) cervical spine. The injured worker was evaluated on April 20, 2015 at which time cervical spine MRI was requested. Examination revealed 5/5 strength, symmetrical reflexes, positive Tinel's on the left, and hypsesthesia on left C6, C7 and C8 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): 177-178.

Decision rationale: According to ACOEM guidelines, criteria for ordering an MRI 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 injured worker was evaluated on April 20, 2015 at which time cervical spine MRI was requested. Examination revealed 5/5 strength, symmetrical reflexes, positive Tinel's on the left, and hypsesthesia on left C6, C7 and C8 dermatomes. The examination findings do not support evidence of radiculopathy stemming from the cervical spine to support the requested imaging study. The request for MRI Cervical Spine is not medically necessary or appropriate.