

Case Number:	CM15-0106024		
Date Assigned:	06/10/2015	Date of Injury:	01/29/2008
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/02/2015

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: North Carolina
 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 45 year old female who sustained an industrial injury 01/29/08. Initial complaints and diagnoses are not available. Treatments to date include medications, right elbow surgery, and right carpal tunnel release. Diagnostic studies are not addressed. Current complaints include pain in the neck and both upper extremities. Current diagnoses include cervicobrachial syndrome, right shoulder tendinitis, right lateral epicondylitis, right carpal tunnel syndrome, right trigger thumb, right wrist and forearm tendinitis, left shoulder tendinitis, left medial and lateral epicondylitis, and left carpal tunnel syndrome. In a progress note dated 04/13/15 the treating provider reports the plan of care as a MRI of the cervical spine, a nerve conduction study of the upper extremities, pain management referral, and medications including naproxen, Norco, and Lunesta. The requested treatments include a 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 cervical spine: Overturned

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: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are 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. The provided progress meets criteria for imaging as outlined above and therefore the request is medically necessary.