

Case Number:	CM15-0136584		
Date Assigned:	09/14/2015	Date of Injury:	08/28/2014
Decision Date:	10/13/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/15/2015

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 57-year-old female, who sustained an industrial injury on 8-28-2014. Diagnoses include CTD of the bilateral upper extremities and cervical spine, rule out cervical radiculopathy and bilateral ulnar impaction syndrome. Treatment to date has included diagnostics, modified work, medication, physical therapy and acupuncture. Medication as of 5-13-2015 included Naproxen. Per the Orthopedic Consult Report dated 5-13-2015, the injured worker presented for reevaluation. She reported tingling and pain in the right thumb and index fingers bilaterally, right greater than left, as well as pain in her neck and forearms. There were no objective findings of the cervical spine documented at this visit. Examination of the upper extremities revealed mild diffused tenderness of the dorsal aspect of both wrists, mild to moderate radial tunnel tenderness on the right, mild on the left, and no crepitus. Magnetic resonance imaging (MRI) of the cervical spine dated 2012 was read by the evaluating provider as revealing, "Diffused degenerative bulging disc at 2-3mm at C5-6 level." She is currently working. Authorization was requested for magnetic resonance angiography (MRA) of the bilateral wrists, 2 follow-up visits, and MRI of the cervical spine. On 7-10-2015, Utilization Review non-certified the request for MRI of the cervical spine and modified a request for 2 follow-up visits due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

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 notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for a MRI of the neck and the request is not medically necessary.