

Case Number:	CM15-0137240		
Date Assigned:	07/27/2015	Date of Injury:	06/10/2001
Decision Date:	08/28/2015	UR Denial Date:	06/22/2015
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: California, Hawaii
 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 (IW) is a 56-year-old female who sustained an industrial injury 06/10/2001. Diagnoses/impressions include degenerative disc disease of the cervical spine with myelopathy; carpal tunnel syndrome; and cervical degenerative disc disease. Treatment to date has included medications, water therapy and wrist splinting. Water therapy was of no benefit. According to the progress notes dated 6/9/15, the IW reported constant bilateral hand pain, numbness and finger stiffness, rated 7/10, with occasional wrist pain. The pain was aggravated by use of the hands, gripping and repetitive work; pain was alleviated by Norco, Gabapentin, splinting and sometimes nothing. On examination, sensation was normal to light touch in all extremities. Tinel's sign was positive in both wrists. The notes stated "no atrophy in the hands--trace left". Electromyography testing was stated to be positive for carpal tunnel. A request was made for MRI cervical spine without contrast due to increased reflexes in the arms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the cervical spine without contrast, due to increased reflexes in the arms: 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 patient presents with constant bilateral hand pain, numbness and finger stiffness, rated 7/10, with occasional wrist pain. The current request is for Magnetic Resonance Imaging (MRI) of the cervical spine without contrast. The treating physician states, in a report dated 06/09/15, "Ordered MRI of the cervical spine due to increased reflexes in the arms." (24B) The ACOEM guidelines state, "If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging MRI for neural or other soft tissue, computed tomography CT for bony structures)." In this case, the treating physician has documented that the patient has continued with pain and numbness that did not improve with conservative treatments. The physician indicates that a progressive neurological change in examination findings warrants an MRI and there is no documentation of a prior cervical MRI. The current request is medically necessary.