

Case Number:	CM15-0140022		
Date Assigned:	07/29/2015	Date of Injury:	04/14/2010
Decision Date:	08/31/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54 year old female who sustained an industrial injury on 04-14-2010. Mechanism of injury occurred when she attempted to catch a falling object and injured her left shoulder and felt pain in her neck. Diagnoses include left cubital tunnel syndrome, left carpal tunnel syndrome, and probable cervical radiculopathy. Treatment to date has included diagnostic studies. She is currently working. On 06-19-2015 an Electromyography and Nerve Conduction Velocity was done and revealed entrapment neuropathy of the median nerves at both wrists with moderate slowing of nerve conduction velocity; entrapment neuropathy of the ulnar nerves across both elbow with very mild slowing of nerve conduction velocity; no electrophysiological evidence to support motor radiculopathy in the upper extremity's or to support distal peripheral neuropathy in the upper extremities. A physician progress note dated 06-29-2015 documents the injured worker has pain throughout her entire left upper extremity and to the left lateral neck. She has numbness and tingling in the left thumb, index and little finger. Tinel's is positive at the ulnar nerve of the left elbow and median nerve of the left wrist. She has full range of motion. The treatment plan is to pursue peripheral nerve entrapment surgery. The treating physician is requesting 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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Neck and Upper Back Complaints - Online Version. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) on the web, Chapter Neck and Upper Back (Acute and Chronic) updated 06/25/14.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Magnetic resonance imaging.

Decision rationale: According to MTUS guidelines, ACOEM recommends imaging studies for the following issues: 1) emergence of a red flag, 2) physiologic evidence of tissue insult or neurologic dysfunction, 3) failure to progress in a strengthening program intended to avoid surgery, and 4) clarification of the anatomy prior to an invasive procedure. Guidelines do not recommend special studies until a 3-4 week period of conservative care fails to improve symptoms. ODG does not recommended imaging except in specific circumstances. Indications for cervical MRI imaging include 1) neurologic signs or symptoms present, 2) neck pain with radiculopathy and severe or progressive neurologic deficit, 3) abnormal radiographs for spondylosis, 4) old trauma, bone or disc margin destruction, 4) suspected cervical spine trauma with clinical findings suggesting ligamentous injury, or 5) known cervical spine trauma. The medical documentation indicates the patient is mainly experiencing wrist and elbow pain, but does briefly mention cervical and neck pain as well. There is evidence of distal pathology caused by nerve entrapment, including a recent EMG. However, despite the physician listing a diagnosis of "probably cervical radiculopathy", there are no objective findings of radiculopathy or neurological deficit that would likely originate at the cervical level. The treating physician does not meet any of the other criteria, to include documented abnormal findings on radiograph, red flags, or ligamentous injury. The physician also states in a 6-29-15 note that it is "important to know if there is any cervical spine compression prior to" surgery, but this is again not backed up with objective evidence of cervical pathology. The pain also appears to be chronic in nature, and no significant change has been documented recently to indicate a significant worsening of symptoms or other pathology. Therefore, the request for MRI of the cervical spine is not medically necessary at this time.