

Case Number:	CM15-0142796		
Date Assigned:	08/03/2015	Date of Injury:	09/23/2009
Decision Date:	09/04/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/23/2015

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 (IW) is a 50 year old female who sustained an industrial injury on 09/23/2009. She reported a repetitive stress injury. The injured worker was diagnosed as having: Carpal tunnel syndrome; Arthropathy not otherwise specified of hand; Arthropathy not otherwise specified of upper arm; Cervicalgia. Treatment to date has included an appointment with a pain specialist, follow-ups with psychologist, heat, ice, exercise as tolerated, and over the counter medications. Currently, the injured worker complains of neck pain and left upper extremity pain rated as a 10 on a scale of 0-10 without medications. Her pain is characterized as aching, burning, sharp, stiff and popping. Pain radiates to the left shoulder, arm, forearm, wrist, hand, and little finger and is associated with numbness and tingling of affected limbs. Medications include Ibuprofen and Tylenol Extra strength and Ambien when she really needs to sleep. The pain is not fully relieved by over the counter medications. The pain level has remained unchanged since last visit. She complains as a headache to the right temporal, frontal, and right parietal region what has endured for a couple of days. The worker rates the pain as a ten on a scale of 1-10. On examination of the cervical spine, her range of motion is restricted in all planes. There is no limitation of the shoulder. Her left elbow has painful range of motion with flexion and extension. Phalen's sign is positive with painful range of motion with radial and ulnar deviation. There is a positive carpal tunnel compression test. The right wrist is negative for signs of carpal tunnel. The treatment plan is for electrodiagnostic studies of the hands and a MRI of the cervical spine. A request for authorization was made for: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Imaging-MRI.

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 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 cervical spine and the request is not certified. Therefore, the requested treatment is not medically necessary.