

Case Number:	CM15-0147442		
Date Assigned:	08/10/2015	Date of Injury:	10/25/2013
Decision Date:	09/04/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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
 Certification(s)/Specialty: Emergency 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 28 year old female, who sustained an industrial injury on October 25, 2013. The injured worker reported banging the left elbow on a chair. The injured worker was diagnosed as having left elbow blunt trauma, cubital tunnel syndrome with release and cervical strain. Treatment to date has included multiple surgeries, therapy and medication. A progress note dated July 9, 2015 provides the injured worker reports resolution of numbness and tingling of the left hand post-operatively but complains of increased neck pain radiating to the left arm. Physical exam notes minimal tenderness to palpation of the left ulnar nerve and tenderness to palpation of the paracervical area. The plan includes cervical magnetic resonance imaging (MRI), medication home exercise program (HEP), cold therapy lab work and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of neck w/out contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The requested MRI of neck w/out contrast, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker reports resolution of numbness and tingling of the left hand post-operatively but complains of increased neck pain radiating to the left arm. Physical exam notes minimal tenderness to palpation of the left ulnar nerve and tenderness to palpation of the paracervical area. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurlings sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI of neck w/out contrast is not medically necessary.