

Case Number:	CM15-0147822		
Date Assigned:	08/10/2015	Date of Injury:	01/17/2014
Decision Date:	09/08/2015	UR Denial Date:	07/08/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 30 year old female who sustained an industrial injury on 1-17-14 from cumulative trauma from lifting, bending, gripping and climbing ladders and involved both hands, wrists, her neck and back. She currently complains of neck pain radiating to the trapezius muscles and bilateral shoulders with a pain level of 6 out of 10; bilateral lower extremity radicular pain (7 out of 10); bilateral wrist pain (3 out of 10). No physical exam of the cervical spine was noted. Medications were tramadol, naproxen, Prilosec, flurbiprofen cream. Diagnoses include cervical spine sprain, strain, rule out radiculopathy; bilateral carpal tunnel syndrome; bilateral hand pain, strain, sprain; lumbar sprain, strain with bilateral sciatica; stress; anxiety; sleep disorder; diabetes. Treatments to date include 18 chiropractic treatments; 24 acupuncture treatments; 18 physical therapy, these gave mild relief; medications; biofeedback sessions. Diagnostics include x-ray of the cervical spine (12-23-14) demonstrating degenerative anterior inferior endplate osteophytes at C4-6 with bilateral C4-5 joint degenerative changes; Electromyography, nerve conduction studies of bilateral upper extremities (3-10-14) revealed bilateral carpal tunnel syndrome. In the progress note dated 5-29-15 the treating provider's plan of care included a request 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 Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to MTUS guidelines, MRI of the cervical spine is recommended if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. There is no clinical evidence of anatomical defect or nerve compromise in this case. Therefore, the request for an MRI of cervical spine is not medically necessary.