Case Number:	CM15-0147835		
Date Assigned:	08/10/2015	Date of Injury:	01/24/2014
Decision Date:	09/08/2015	UR Denial Date:	07/24/2015
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 33 year old female who sustained a work related injury January 24, 2014. While lifting approximately 100 pounds of laundry from a dryer, she felt instant pain in her neck and right shoulder, and later developed numbness and tingling in her bilateral hands, right worse than left. She was treated with medication, physical therapy, and bilateral bracing. Electrodiagnostic studies, performed May 7, 2014, right upper extremity, consistent with moderate carpal tunnel syndrome and no evidence of ulnar neuropathy or radial neuropathy. According to a primary treating physician's progress notes, dated July 17, 2015, the injured worker presented with complaints of mild and intermittent neck and shoulder pain since she began physical therapy. She reports numbness and tingling in the right hand and small finger, with constant numbness and tingling in the thumb through long fingers, 75% of the day. She also reports moderate to severe ulnar-sided pain in the right wrist, much greater than the left. She wakes frequently, shaking her hands to wake them up. She is wearing bracing to the bilateral hands, day and night without relief. Her left hand has numbness and tingling in the thumb through the long finger, with some numbness and tingling in the small finger 25-50% of her daytime and intermittently through the night. In April 2015, she received a right carpal tunnel cortisone injection with relief of pain and tingling for one and a half months. Examination of the cervical spine revealed; range of motion, flexion and extension are normal; lateral flexion 20 degrees on the right and left, rotation left 60 degrees and right rotation 50 degrees; range of motion of the right shoulder is full extension, flexion 180 degrees, external rotation 60 degrees and internal rotation 80 degrees; positive Spurling's and Lhermitte's sign. Assessments are bilateral carpal tunnel syndrome; bilateral cubital tunnel syndrome; rule out cervical radiculopathy. Treatment plan included a right ulnar sided wrist injection administered, nerve test performed, and at issue, a request for authorization for an 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:

Cervical spine MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. In this case, the patient has had an MRI of the cervical spine performed on April 29, 2014. The MRI revealed minimal discogenic disease. There is no change in the patient's condition suggestive of new pathology. Therefore, the request for an MRI of cervical spine is not medically necessary.