

Case Number:	CM15-0166830		
Date Assigned:	09/04/2015	Date of Injury:	07/30/2014
Decision Date:	10/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/25/2015

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, Georgia
 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 35 year old female who sustained an industrial injury on 07/30/2014. She reported acute pain in the right elbow during the course of her work. The injured worker was diagnosed as having right cubital tunnel syndrome, rule out cervical radiculopathy, lesion of ulnar nerve (right). Treatment has included physical therapy, acupuncture, and cortisone injections with temporary relief of symptoms. She wears a right elbow brace when sleeping. From the Primary treating Physician's Progress notes of 01/20/2015, the Electromyogram-Nerve conduction velocity of the right was normal and the magnetic resonance of the right elbow that was essentially normal. A MRI of the cervical spine (01-13-2015) showed a 2mm bulge that effaces the ventral CSF space and makes contact with the cord (although it does not deform it) at C3-4. There is no canal stenosis or neuroforaminal compromise at the level of C3-4. There is a Levoconvex curvature of the cervicothoracic junction. Currently, (07/30/2015) the injured worker complains of numbness, tingling in the right middle, little, and ring fingers. She has radicular pain at times from her neck. Sensory and motor exam are intact. Full range of motion is present in all digits of the right hand, wrist and elbow. The worker is receiving Ultram for pain. The treatment plan is to continue medications, await electrodiagnostic testing authorization, and obtain a MRI of the cervical spine to rule out cervical spinal cord or nerve root compression as a cause of the upper extremity pain. A request for authorization was submitted for a MRI of the Cervical Spine without contrast. A utilization review decision (08/19/2015) non-certified the request for no red flags.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation ODG Neck and Upper Back Chapter -MRI.

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

Decision rationale: ACOEM chapter on neck complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. The medical record does not include any such physical examination findings and no cervical surgical intervention is proposed in the records. Additionally an MRI of cervical spine was already performed since the injury and there is no documentation of a substantial change in status since that time. Cervical MRI is not medically necessary.