

Case Number:	CM15-0190318		
Date Assigned:	10/12/2015	Date of Injury:	05/06/2015
Decision Date:	11/20/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/28/2015

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: Preventive Medicine, Occupational 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 48-year-old female, with a reported date of injury of 05-06-2015. The diagnoses include right cervical radiculopathy, right cervical stenosis, right cervical sprain and strain, and bilateral wrist tenosynovitis. Treatments and evaluation to date have included psychotropic medications, sleep aid, hydrocodone, a TENS unit, and physical therapy. The diagnostic studies to date have not been included in the medical records provided. The initial orthopedic evaluation report dated 08-10-2015 indicates that the injured worker complained of severe pain in the right wrist and arm, and localized pain in the neck, mid-scapula, and right arm regions. The injured worker also had weakness in her arms. The objective findings included inconclusive Spurling's sign; decreased grip strength noted in the right upper extremity; intact motor strength in the upper extremities; and palpable radial pulses. The treating physician recommended an MRI evaluation to determine if the injured worker had some stenosis. The request for authorization was dated 08-14-2015. The treating physician requested an MRI of the cervical spine. On 08-24-2015, Utilization Review (UR) non-certified the request 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:

MRI, cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies include the emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, it is unclear what previous imaging studies have been obtained, if any. There is a diagnosis of spinal stenosis but no clear indication of nerve impairment or other red flag conditions, therefore, the request for MRI, cervical spine without contrast is not medically necessary.