

Case Number:	CM15-0192038		
Date Assigned:	10/06/2015	Date of Injury:	09/01/2014
Decision Date:	11/12/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/30/2015

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

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 is a 26 year old female, who sustained an industrial injury on 9-1-2014. Medical records indicate the worker is undergoing treatment for right wrist and hand pain with parasthesias. A recent progress report dated 6-30-2015, reported the injured worker complained of right upper extremity pain. A pain management follow-up report dated 9-2-2015 reported the injured worker complained of right wrist and hand pain with parasthesias. Physical examination revealed no swelling or wrist redness was noted with passive range of motion of 60-70 %, cervical range of motion was 50-60% extension and lateral rotation on the right causes worsening parasthesias in the right upper extremity. Recent right upper extremity electromyography (EMG), nerve conduction study (NCS) was within normal limits. Treatment to date has included occupational therapy and medication management. On 7-30-2015, the Request for Authorization requested a cervical spine magnetic resonance imaging. On 9-21-2015, the Utilization Review noncertified the request for a cervical spine magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), Cervical spine: 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: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for imaging of the neck and the request is not medically necessary.