

Case Number:	CM15-0201831		
Date Assigned:	10/16/2015	Date of Injury:	09/24/2012
Decision Date:	11/25/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old female who sustained an industrial injury on 9-24-2012. A review of medical records indicates the injured worker is being treated for sprain of the knee and leg not otherwise specified, sprain strain of the ankle, and tear of the medial cartilage of meniscus of the knee. Medical records dated 9-3-2015 noted left ankle and left foot pain rated a 7.5 out of 10. Discomfort at worst was 9 out of 10 and at its best was 6 out of 10. Physical examination noted palpable tenderness at the left anterior knee with decreased range of motion. Treatment has included tramadol and topical medications since at least 9-3-2015. Utilization review form noncertified MRI of the cervical spine as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition (200\$) Cervical and Thoracic Spine Disorders - Diagnostic Investigations - MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work injury in September 2012. When seen, she was having ongoing right foot and ankle pain. Physical examination findings included decreased cervical spine range of motion. There was cervical spine and bilateral shoulder tenderness. Tinel's and Phalen's testing was positive bilaterally. There was decreased median nerve distribution sensation. Authorization is being requested for a cervical spine MRI. Applicable criteria for obtaining an MRI of the cervical spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified red flags or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan. Prior testing including plain film x-ray results which would be needed before considering an MRI was not submitted or referenced. A diagnosis of carpal tunnel syndrome is supported which should be evaluated further. A cervical spine MRI is not medically necessary.