MAXIMUS Federal Services

Case Number:	CM15-0020657		
Date Assigned:	02/10/2015	Date of Injury:	07/25/2009
Decision Date:	03/25/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/04/2015

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, New York
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:

This 54 year old female sustained an industrial injury on 7/25/09, with subsequent ongoing neck and upper extremity pain. Electrodiagnostic study (10/28/11) contained findings consistent with right carpal tunnel syndrome without evidence of cervical radiculopathy. In a PR-2 dated 1/14/15, the injured worker complained of a flare up of neck pain with radiation to the upper back, increased right shoulder pain and numbness in the 4th and 5th fingers. The injured worker rated her pain 9-10/10 on the visual analog scale. Physical exam was remarkable for cervical spine with guarded gross neck movement, paracervical spasm, loss of cervical lordosis and cervical spine range of motion limited to about 50% of normal with positive Spurling's maneuver on the right. Current diagnoses included right upper costo-transverse joint sprain with cervicothoracic myofascial pain, bilateral carpal tunnel syndrome status post release on the left, forearm myofasciitis, cubital tunnel syndrome and CMC arthralgia. The treatment plan included magnetic resonance imaging cervical spine for further diagnostic work up, continuing home exercise and using pain medications as prescribed by another physician. On 1/22/15, Utilization Review noncertified a request for Magnetic Resonance Imaging cervical spine citing ACOEM and CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): p177-178.

Decision rationale: The request for a cervical spine MRI is medically unnecessary. According to MTUS guidelines, the criteria for ordering a cervical MRI include development of red flags, physiologic evidence of tissue insult or neurologic dysfunction, which the patient does not have according to records. The patient does not have documented failure of conservative treatment after 3-4 weeks. Patient had electrodiagnostic testing which did not reveal any cervical radiculopathy. MRI carries the risk of false positives such as bulging discs which may not be the source of the pain. Therefore, the request is considered not medically necessary.