MAXIMUS Federal Services

Case Number:	CM15-0020917		
Date Assigned:	02/10/2015	Date of Injury:	11/05/2009
Decision Date:	04/02/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/03/2015

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: Physical Medicine & Rehabilitation

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 41-year-old female who reported an injury on 11/05/2009. The mechanism of injury was cumulative trauma. The injured worker underwent a nerve conduction study on 09/24/2013 which revealed the injured worker had no clear evidence of right radial neuropathy and further workup with an MRI of the cervical spine may be considered. The diagnoses include wrist pain, shoulder pain, carpal tunnel syndrome, and wrist tenosynovitis. The documentation of 09/24/2014 revealed the injured worker had physical therapy and a nerve block with moderate relief. The surgical history was stated to be none. Medications were noted to include Vicodin, 1 every 2 to 3 weeks. The injured worker had a positive Spurling's sign on the right with pain in the neck and shoulder region. The injured worker had tenderness to palpation with trigger points and palpable bands in the bilateral cervical and upper thoracic paraspinal area. The facet loading maneuver resulted in no pain ipsilaterally bilaterally. The motor strength was 5/5 except in the right intrinsic muscles, which were 4/5 due to pain. There was decreased sensation to pinprick and vibration by 10% on the right index finger and thumb with no hyperalgesia or allodynia. The injured worker had a positive Phalen's on the right wrist. The documentation of 12/30/2014 revealed the injured worker should have an MRI of the cervical spine. The physical examination revealed the injured worker had mild tenderness in the right paravertebral and trapezius musculature. The injured worker had minimal tenderness along the medial border of the right scapula. The injured worker had decreased range of motion and had right sided neck pain. The diagnoses included cervicalgia and rule out right upper extremity radiculopathy. The treatment plan included 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 To The Cervical Spine Without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The clinical documentation submitted for review failed to provide specific myotomal and dermatomal findings to support physiologic evidence. There was a lack of documentation indicating a failure of prior conservative care directed specifically toward the cervical spine. Given the above, the request for MRI to the cervical spine without contrast is not medically necessary.