

Case Number:	CM15-0022818		
Date Assigned:	02/11/2015	Date of Injury:	10/20/2011
Decision Date:	04/06/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/05/2015

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 51-year-old male who reported an injury on 09/09/2013. The mechanism of injury involved cumulative trauma. The current diagnoses include bilateral carpal tunnel syndrome, status post carpal tunnel release in 10/2014, and cervical spine herniated nucleus pulposus. The injured worker presented on 01/06/2015 for a follow-up evaluation. Upon examination of the cervical spine, there was decreased range of motion, a positive spasm, and positive radiating pain. There was positive Tinel's and Phalen's sign in the right upper extremity. Recommendations at that time included an MRI of the cervical spine, as well as electrodiagnostic studies and a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the C-spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. In this case, it was noted that the injured worker has previously undergone an MRI of the cervical spine. There is no documentation of a significant change or worsening of symptoms, or physical examination findings. The medical necessity for a repeat imaging study has not been established. There is also no documentation of a recent attempt at any conservative treatment for the cervical spine. Given the above, the request is not medically appropriate.