

Case Number:	CM15-0026613		
Date Assigned:	02/18/2015	Date of Injury:	11/04/2013
Decision Date:	04/06/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/12/2014

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 45 year old female, who sustained an industrial injury on 11/4/13. She has reported neck and bilateral hand/wrist injury. The diagnoses have included left carpal tunnel syndrome, right carpal tunnel syndrome and neck muscle strain. Treatment to date has included physical therapy, occupational therapy, home exercise program and left carpal tunnel release. Currently, the injured worker complains of left hand/wrist pain with tingling/numbness in middle finger and ring finger and it is intermittent and aggravated by repetitive use. Physical exam performed on 1/14/15 of cervical area noted tenderness to palpation in bilateral trapezius midline, active range of motion and exam of left hand noted active range of motion and ability to form a complete fist. On 2/5/15 Utilization Review non-certified (MRI) magnetic resonance imaging of neck and spine, noting it has been only 3 months since her last cervical (MRI) magnetic resonance imaging and there are no objective findings of radiculopathy. The MTUS, ACOEM Guidelines and ODG were cited. On 2/11/15, the injured worker submitted an application for IMR for review of (MRI) magnetic resonance imaging of neck and spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine w/dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to MTUS guidelines, MRI of the cervical spine is recommended in case of red flags suggesting cervical spine damage such as tumor, infection, cervical root damage and fracture. There is no documentation of any of these red flags in this case. In addition, since her last cervical MRI, there is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore, the request for MRI of the cervical spine is not medically necessary.