MAXIMUS Federal Services

Case Number:	CM15-0220082		
Date Assigned:	11/13/2015	Date of Injury:	01/20/1999
Decision Date:	12/29/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/09/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old female who sustained an industrial injury on 1-20-99. The injured worker reported right upper extremity pain. A review of the medical records indicates that the injured worker is undergoing treatments for complex regional pain syndrome right upper extremity. Medical records dated 10-21-15 indicate pain rated at 5 out of 10 with the use of medication. Provider documentation dated 10-21-15 noted the work status as temporarily partially disabled. Treatment has included Morphine Sulphate since at least April of 2015 and Lidoderm patch since at least April of 2015. Objective findings dated 10-21-15 were notable for right elbow, forearm and hand hypersensitivity with decreased strength throughout. The original utilization review (11-3-15) denied a request for MRI of cervical 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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: The injured worker sustained a work related injury on 1-20-99. The medical records provided indicate the diagnosis of complex regional pain syndrome right upper extremity. Treatments have included Morphine and topical analgesics. The medical records provided for review do not indicate a medical necessity for MRI of cervical spine. The MTUS guidelines for Cervical imaging include: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The medical records indicate there was no cervical or upper extremity examination at the time of the request. Also, the injured worker was simultaneously requested for Electrodiagnostic studies. The MTUS recommends using the information from thorough history, thorough physical examination to determine the future management of the injured worker. Therefore, without documentation of the physical findings of the cervical and upper extremities examination, it is not possible to determine the medical necessity of Cervical MRI. The request is not medically necessary.