

Case Number:	CM15-0035204		
Date Assigned:	03/03/2015	Date of Injury:	05/02/2010
Decision Date:	04/09/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 63 year old female, who sustained an industrial injury. The injured worker has complaints of pain in both wrists on the left; continued weakness in both hands; continued difficulty grasping and grabbing objects; continued pain in right arm and shoulder; continued worsening pain in back; unable to sleep; continued depression due to pain; continued worsened pain both hips radiating down to the knees and trouble getting out of bed due to pain. Work status was documented as staying off of work. The diagnoses have included right carpal tunnel syndrome; right lateral epicondylitis; right forearm middle third volar surface hypoesthesia going toward distal radial side; right basal joint degenerative traumatic arthritis and left carpal tunnel syndrome. Treatment to date has included left and right carpal tunnel release; cortisone injections and medications. According to the utilization review performed on MRI Cervical spine, the requested 1/26/15 has been non-certified. American College of Occupational and Environmental Medicine (ACOEM) Guidelines Neck and Upper Back Complaints and California Medical Treatment Utilization Schedule (MTUS) were used in the utilization review.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI cervical spine is not medically necessary. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness and no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are right carpal tunnel syndrome; right lateral epicondylitis; right forearm middle third volar surface hypoesthesia going towards distal radial side; right basal joint degenerative traumatic arthritis; left carpal tunnel syndrome; left thumb stenosing tenosynovitis with local cystic structure; left volar radial wrist ganglion cyst; and left basal joint degenerative traumatic arthritis. The date of injury is May 2, 2010. The request for authorization is January 20, 2015. Subjectively, the injured worker complains of increased pain in the back and pain in the right arm and shoulders. Electrodiagnostic studies were not recommended. Objectively, physical examination is unchanged. A review of the physical examination from December 2014 stated the greatest area of pain is in the cervical spine. This is not an objective physical finding. The documentation does not show the emergence of a red flag or physiologic evidence of tissue insult with nerve impairment with a need for clarification of anatomy prior to surgery. Consequently, absent clinical documentation with physical findings for a red flag or physiologic evidence of tissue insult with nerve impairment, MRI cervical spine is not medically necessary.