

Case Number:	CM15-0035842		
Date Assigned:	03/04/2015	Date of Injury:	07/30/2014
Decision Date:	04/15/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/25/2015

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 34 year old female who sustained an industrial injury as a massage therapist while massaging a client on July 30, 2014. The injured worker was diagnosed with right elbow medial epicondylitis and right cervical radiculopathy. The injured worker underwent a magnetic resonance imaging (MRI) of the right elbow on January 16, 2015 which noted a mild strain and no tendon tear. An electromyography (EMG)/Nerve Conduction Velocity (NCV) performed on December 22, 2014 demonstrated no evidence of electrical instability and all Nerve Conduction Studies (NCS) were within normal limits. According to the primary treating physician's progress report on December 24, 2014 the injured worker continues to experience right elbow pain with numbness into digits three through five on the right hand. Current medications were not discussed. Recent treatment modalities consist of physical therapy, acupuncture therapy, arm splint and 2 cortisone injections. The injured worker is on temporary total disability (TTD) and not working. The treating physician requested authorization for Magnetic resonance imaging (MRI) without contrast for the cervical spine. On January 27, 2015 the Utilization Review denied certification for Magnetic resonance imaging (MRI) without contrast for the cervical spine. Citation used in the decision process was the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for the 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) Indications for Imaging-MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)'.

Decision rationale: The patient presents with pain at the medial aspect of her right elbow that radiates to her right hand. The request is for MRI WITHOUT CONTRAST FOR THE CERVICAL SPINE. The request for authorization is dated 01/21/15. MRI of the right elbow, 01/16/15, shows subtle edema in the common origin of the flexor tendons. EMG/NCV study, 09/25/14, shows evidence of mild right chronic C8-T1 radiculopathy vs ulnar neuropathy without evidence of compression at the elbow. EMG/NCV study, 12/22/14, shows no evidence of carpal or cubital tunnel syndrome, cervical radiculopathy and peripheral neuropathy. Occupational therapy report dated 11/14/14, documents 8 visits treating the right elbow with no improvement in pain. Patient's medications include Voltaren and Protonix. The patient is not working. ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. Treater does not provide reason for the request. Review of medical records discuss and document the patient's right elbow and hand pain. There is no subjective complaints of the neck and no physical examination. In this case, the patient does not present with any neurological deficit or any significant findings to warrant a MRI for the cervical spine. Given the lack of clinical evidence, therefore, the request IS NOT medically necessary.