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| Case Number: | CM15-0053119 | | |
| Date Assigned: | 03/26/2015 | Date of Injury: | 05/15/2007 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/17/2015 |
| Priority: | Standard | Application Received: | 03/20/2015 |

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 51 year old female, who sustained an industrial injury on 5/15/07. She reported pain in the neck and bilateral forearms/hand related to cumulative trauma. The injured worker was diagnosed as having forearm flexor tendinitis, levator scapule myofascial pain and cervical stenosis. Treatment to date has included cervical x-rays, EMG/NCV in 2007, a cervical MRI in 2008, carpal tunnel injections, physical therapy and oral pain medications. As of the PR2 dated 1/30/15, the injured worker reports 6/10 pain in the neck that radiates to the fingers. The treating physician noted numbness and tingling in the hands and weakness with gripping. The treating physician requested a cervical MRI and a repeat EMG/NCV study of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on cervical & thoracic spine disorders; section on Magnetic Resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines Chronic pain Discussion Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on 5/15/07. The medical records provided indicate the diagnosis of Thoracic outlet syndrome, carpal tunnel syndrome, forearm flexor tendinitis, levator scapule myofascial pain and cervical stenosis. The problems resolved with physical therapy several years ago, but flared up recently. The medical records provided for review do not indicate a medical necessity for MRI cervical. The records does not indicate the onset date of the recent the problems; neither was there detailed examination of the cervical spine and the upper limbs. There was no documentation of the treatments that were offered after the flare up, besides the work restrictions. The MTUS recommends against over reliance on imaging in order to avoid diagnostic confusion or false positive results. In addition, the MTUS recommends detailed documentation of history, physical, medical records and past treatments. Such information is necessary in guiding future or subsequent management.

Repeat EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter on cervical & thoracic spine disorders; section on Diagnostic Investigations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Discussion Page(s): 6.

Decision rationale: He injured worker sustained a work related injury on 5/15/07. The medical records provided indicate the diagnosis of Thoracic outlet syndrome, carpal tunnel syndrome, forearm flexor tendinitis, levator scapule myofascial pain and cervical stenosis. The problems resolved with physical therapy several years ago, but flared up recently. The medical records provided for review do not indicate a medical necessity for EMG/NCV bilateral upper extremities. The records does not indicate date of onset of the recent the problems; there was no detailed documentation of the examination of the cervical spine and the upper limbs. There was no documentation of the treatments that were offered after the flare up, besides the work restrictions. The MTUS recommends detailed documentation of history, physical, medical records and past treatments. Such information is necessary in guiding future or subsequent management.