

Case Number:	CM15-0056536		
Date Assigned:	04/01/2015	Date of Injury:	02/18/2014
Decision Date:	05/07/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/25/2015

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, Hawaii
 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 51 year old female, who sustained an industrial injury on 02/18/2014. She has reported subsequent wrist, right upper extremity and neck pain and was diagnosed with right shoulder rotator cuff tear and carpal tunnel syndrome. Treatment to date has included oral pain medication, physical therapy and a cortisone injection. In a progress note dated 03/03/2015, the injured worker complained of right hand and forearm pain with numbness and tingling. Objective findings were notable for mild diffuse tenderness of the right forearm. A request for authorization of MRI of the cervical spine was made without an explanation as to why the request was being made.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back.

Decision rationale: The patient presents with neck, right shoulder, and right hand and forearm pain with numbness and tingling in the ulnar-two digits. The current request is for MRI of the cervical spine. The treating physician states on 3/16/15 (146B) "Due to the pain in the cervical spine with radicular symptoms in the right upper extremity, I would like to request authorization for an MRI of the cervical spine, which was also recommended by [REDACTED]." [REDACTED] report dated 3/3/15 (5C) requests MRI of the cervical spine to rule out cervical radiculopathy. ACOEM Guidelines 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 does not support MRIs unless there are neurologic signs/symptoms present. The clinical records provided did not document prior history of an MRI of the cervical spine. In this case, the treating physician has documented that the patient presents with radiating symptoms, which is a neurologic symptom. The current request is medically necessary and the recommendation is for authorization.