

Case Number:	CM15-0061801		
Date Assigned:	04/07/2015	Date of Injury:	03/10/2014
Decision Date:	05/07/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female, who sustained an industrial injury on 3/10/14. She reported pain in the cervical spine, lumbar spine, bilateral wrists, and bilateral hands. The injured worker was diagnosed as having bilateral ulnar nerve compression at the wrist, bilateral arm overuse syndrome, ulnar neuropathy likely at the tunnel of Guyon, cervical spine sprain/strain, and thoracic spine/strain. Treatment to date has included occupational therapy and Motrin for pain. Currently, the injured worker complains of pain in the neck, back, bilateral wrists, and bilateral hands. The treating physician requested authorization for 1 MRI of the cervical spine, 1 MRI of the thoracic spine, and one lumbar spine brace. The treating physician noted the MRIs are needed to rule out herniated nucleus pulposus versus degenerative joint disease. It was noted a lumbar spine brace is needed for added support during ambulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

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 (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic neck, mid back, and bilateral wrist and hand pain. When seen, she had worsening symptoms. When seen, there was decreased range of motion and spinal tenderness. Spurling's testing was positive on the left and there was upper extremity weakness and decreased sensation, also documented in December 2014. Applicable criteria for obtaining an MRI of the cervical spine would include a history of trauma with neurological deficit and when there are 'red flags' such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore is not medically necessary.

One MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

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 (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic neck, mid back, and bilateral wrist and hand pain. When seen, she had worsening symptoms. When seen, there was decreased range of motion and spinal tenderness. Spurling's testing was positive on the left and there was upper extremity weakness and decreased sensation, also documented in December 2014. Applicable criteria for obtaining an MRI of the thoracic spine would include a history of trauma with neurological deficit and when there are 'red flags' such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore is not medically necessary.

One lumbar spine brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

Decision rationale: The claimant is more than one year status post work-related injury and continues to be treated for chronic neck, mid back, and bilateral wrist and hand pain. When seen, she had worsening symptoms. When seen, there was decreased range of motion and spinal

tenderness. Spurling's testing was positive on the left and there was upper extremity weakness and decreased sensation, also documented in December 2014. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief and prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles and a potential worsening of the spinal condition. The requested lumbar support is therefore not medically necessary.