

Case Number:	CM15-0084687		
Date Assigned:	05/06/2015	Date of Injury:	02/03/2015
Decision Date:	08/17/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/04/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 (IW) is a 61 year old female who sustained an industrial injury on 02/03/2015. She reported pain and numbness in right arm that radiates to the right elbow. The injured worker was diagnosed as having neuropathy right arm. Currently, the injured worker complains of right arm numbness to the elbow with numbness in fingers 3, 4, and 5. She is also having pain in left hand and an inability to move the left thumb. The right arm has tingling and numbness. The left thumb feels like it will not move. The worker has history of bilateral carpal tunnel syndrome (work related) 20 years ago. The worker also has arthritis in the neck (not work related). The treatment plan includes a referral to a neurologist, and a MRI of the cervical spine to determine if the pain is related to carpal tunnel syndrome (work) versus arthritis of the neck (not work). A request for authorization was made for the following: MRI of cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Indications for imaging - MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. The provided progress notes shows progressive evidence of tissue insult and neurologic dysfunction. Therefore, the request is medically necessary.