

<b>Case Number:</b>	CM15-0084739		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	10/28/2014
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Indiana, Oregon  
Certification(s)/Specialty: Orthopedic Surgery

### 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 male, who sustained an industrial injury on 10/28/2014. He reported pain and stiffness in the neck and bilateral shoulder with numbness and tingling down the arms to the hands/wrists. The injured worker was diagnosed as having moderate bilateral carpal tunnel syndrome, bilateral shoulder strain, left cubital syndrome and multilevel degenerative disc and spondylosis of the cervical spine. Recent x rays of the bilateral wrists were within normal limits and cervical spine showed degenerative changes. Treatment to date has included physical therapy, wrist and elbow bracing and medication management. In a progress note dated 4/1/2015, the injured worker complains of neck pain that radiated to the bilateral upper extremities with numbness and tingling. The treating physician is requesting cervical spine magnetic resonance imaging and a Micro-Z glove for 3 months post-operative bilateral wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, Chronic Pain Treatment Guidelines Official Disability Guidelines.

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

**Decision rationale:** According to the CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints pgs 177-178 regarding special studies (MRI), recommendations are made for MRI of cervical or thoracic spine when conservative care has failed over a 3-4 week period. 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. In this case the documented discussion with PA 4/15/15 does not demonstrate any red flag signs which would satisfy the criteria set forth in the guidelines. The request is not medically necessary.

**Micro Z glove x3 months for post operative right and left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines galvanic stimulation Page(s): 117.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, Galvanic Stimulation, page 117 and Interferential Current Stimulation, page 118, provide the following discussion regarding the forms of electrical stimulation contained in the micro Z glove: Galvanic stimulation is not recommended by the guidelines for any indication. In addition, interferential current stimulation is not recommended as an isolated intervention. Micro z glove is not recommended by the applicable guidelines and is therefore not medically necessary.