

Case Number:	CM15-0085615		
Date Assigned:	05/07/2015	Date of Injury:	02/24/2009
Decision Date:	06/11/2015	UR Denial Date:	04/02/2015
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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 39 year old female patient who sustained an industrial injury on 02/24/2009. A secondary treating office visit dated 09/24/2014 reported the patient with subjective complaint of constant neck pain, mid back pain, and low back pain. The neck pain radiates to the bilateral upper extremity with numbness and tingling. She also complains of constant bilateral lower extremity radicular pain. Objective findings showed a bilateral straight leg test, femoral stretch bilaterally positive, along with palpable spasms along the paravertebral muscles of the lumbar spine bilaterally. The following diagnoses are applied: cervical spine strain/sprain; cervical spine radiculopathy; thoracic spine strain/sprain; lumbar spine strain/sprain, and lumbar radiculopathy. She was given a prescription for ibuprofen 600mg #60, Colace, Terocin patches, and a compound topical cream. She is recommended to continue with home exercise program and follow up in 4-6 weeks. A more recent primary treating office visit dated 03/04/2015 reported subjective complaints of: headaches, neck pain radiating to bilateral upper extremities, upper back pain, low back pain radiating to bilateral legs, bilateral wrist pain, irritability, sexual dysfunction and anxiety and difficulty sleeping. Diagnostic testing to include: radiographic study, magnetic resonance imaging, electric nerve conduction study. The following diagnoses are applied: chronic musculoligamentous stretch injury, cervical spine/thoracic, and lumbar without radiculopathy, with acute exacerbation of pain, disc herniation at L4-5, and L5-S1; bicipital tendinitis, right; repetitive motion disorder, left wrist; carpal tunnel syndrome bilateral; tenosynovitis, left thumb, and anxiety depression. The plan of care noted continue with

conservative treatment with recommendation for magnetic resonance imaging and pain management referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Neck and Upper Back (Acute & Chronic).

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

Decision rationale: Guidelines state that imaging studies may be appropriate when there is evidence of neurological deficits that require imaging to establish pathology. In this case, there is no cervical spine trauma noted and the physical findings are most consistent with carpal tunnel syndrome. The request for MRI cervical spine is not medically appropriate and necessary.