

Case Number:	CM15-0085641		
Date Assigned:	05/08/2015	Date of Injury:	12/17/2014
Decision Date:	06/09/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/05/2015

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: Arizona, California
 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 is a 60 year old male with an industrial injury dated 12/17/2014. The injured worker's diagnoses include carpal tunnel syndrome of the left hand, overuse tendinitis of left forearm and wrist, and radicular type neck pain with radiculitis of the left arm. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/8/2015, the injured worker reported pain in the superior aspect over her clavicle area and in the posterior aspect of her neck. The injured worker also reported that her pain radiated down the lateral aspect of her arm to her hand with some intermittent numbness and tingling involving her thumb and index finger. Objective findings revealed tenderness to palpitation of the cervical spine with tightness in the trapezius muscle just superior to her scapula on the left side and decrease cervical rotation. The treating physician prescribed services for Magnetic Resonance Imaging (MRI) of the cervical spine without contrast now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the cervical spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back chapter: MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The claimant had an EMG in May 2015. The results are not provided to indicate the need for an MRI. The cervical exam had tenderness but no note of abnormalities with provocative maneuvers. The request for an MRI of the cervical spine is not medically necessary.