

Case Number:	CM13-0049156		
Date Assigned:	12/27/2013	Date of Injury:	01/30/2013
Decision Date:	09/26/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/07/2013

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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62-year-old female sustained an industrial injury on 1/30/13. The mechanism of injury was not documented. The 1/30/13 electrodiagnostic study findings documented bilateral moderate median neuropathy at the carpal tunnel. The patient underwent a right carpal tunnel release on 8/15/13 and 8 sessions of post-op physical therapy. The 10/7/13 orthopedic report cited bilateral hand numbness, and non-specific complaints relative to the right shoulder, neck, and low back. Physical exam documented tenderness of the right wrist, cervical spine, lumbar spine, and right shoulder. The diagnosis was bilateral carpal tunnel syndrome, tendinitis right shoulder, and lumbar strain. The treatment plan requested right shoulder physical therapy 2x6, MRIs/X-rays of the cervical spine, lumbar spine, and right shoulder, and bilateral upper extremity EMG/NCV. The 10/30/13 utilization review denied the request for cervical MRI as there were no cervical exam findings or prior treatment documentation to support this request

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-303.

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

Decision rationale: The California MTUS guidelines provide criteria for ordering cervical spine MRIs that includes emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. Guideline criteria have not been met. There is no clinical exam evidence suggestive of a red flag condition, significant tissue insult or neurologic dysfunction. There is no evidence that conservative treatment for the cervical spine had been tried and failed. There is no current medical rationale presented to support this request. Therefore, this request is not medically necessary.