

Case Number:	CM14-0121226		
Date Assigned:	09/16/2014	Date of Injury:	04/04/2014
Decision Date:	11/18/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/31/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

The injured worker is a 33-year-old male with a reported date of injury on 04/05/2014. The injury reportedly occurred when the injured worker tripped on a small lenin and fell on his back and left hand. His diagnoses were noted to include left arm, wrist and hand musculoligamentous sprain/strain, right thumb musculoligamentous sprain/strain, left thoracic spine musculoligamentous sprain/strain and left shoulder musculoligamentous sprain/strain with subacromial impingement syndrome. His previous treatments were noted to include physical therapy and medications. The progress note dated 06/16/2014, revealed complaints of intermittent low back, left shoulder with radiation to the left arm, left wrist and hand pain. The injured worker complained of the left wrist and hand rated 8/10 that radiated from the arm down to the hand with associated numbness and tingling, as well as weakness. The physical examination of the left shoulder range of motion remained restricted. There was pain with resisted wrist extension that radiated into the forearm. There was tenderness to palpation over the ulnar collateral ligament to the right thumb. The Request for Authorization form was not submitted within the medical records. The request was for an MRI of the cervical spine without contrast; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine w/o contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an MRI to the cervical spine without contrast is not medically necessary. The injured worker complained of low back, left arm and wrist pain. The California MTUS/ACOEM Guidelines state the criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests or bone scans. Unequivocal findings that identify specific nerve compromise on neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps including the selection of imaging tests to define the potential cause, such as an MRI for neurological deficits. The guidelines state an MRI can be used to identify an anatomic defect. There was a lack of documentation regarding a physical examination or complaints by the injured worker to warrant an MRI to the cervical spine. Therefore, the request is not medically necessary.