MAXIMUS Federal Services

Case Number:	CM14-0210475		
Date Assigned:	12/23/2014	Date of Injury:	03/24/2004
Decision Date:	02/19/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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
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 62 year-old female who originally reported injury on 3/24/2004 due to gradual onset of pain in her cervical spine, right elbow and bilateral wrists throughout the course of her employment. Diagnosis was classified as left cubital tunnel syndrome, right lateral epicondylitis, bilateral forearm strain, and bilateral thumb strain. Treatment has included wrist braces, physical therapy, pain medication, and several steroid injections to her elbows and thumbs. Documentation from the treating physician's notes on 10/2/2014 detailed a positive cervical compression test on the right, muscle strength to be 4/5 in the right side C6 muscle groups and 4/5 strength in C7 muscle groups bilaterally. Sensation was decreased in the C6 and C7 nerve distributions on the right and C7 dermatome on the left. The treating physician noted the presence of red flags and requested authorization for a cervical MRI, which was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI quantity requested: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170-178.

Decision rationale: The American College of Occupational and Environmental Medicine section on neck and upper back complaints of the MTUS guidelines endorses the use of imaging studies, including cervical MRI, when one of the following criteria is present: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. Furthermore, the guidelines support the use of imaging for unequivocal findings of specific nerve compromise. When the neurologic examination is less clear, electromyography (EMG) may be considered. Per available records, this test was ordered and approved, but results were not available for review. Regardless, the injured worker has chronic neck pain, radiating to both arms, with multiple entries that documented clinical findings of cervical radiculopathy that did not improve despite conservative management. Reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion due to false-positive results. Results of MRI may present a finding that was present prior to injury and onset of symptoms, and therefore has no temporal association with the symptoms. However, the injured worker does have clinically documented findings of cervical radiculopathy and provocative tests that suggest possible neurologic dysfunction. The injured worker has also failed to progress in a strengthening program intended to avoid surgery, well beyond the suggested timeframe of an initial 4 to 6 weeks of conservative management. Therefore, the injured worker meets criteria per the MTUS guidelines for MRI of the cervical spine, and it is therefore medically necessary.