

Case Number:	CM14-0211573		
Date Assigned:	12/24/2014	Date of Injury:	02/02/2005
Decision Date:	02/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/17/2014

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, Illinois
 Certification(s)/Specialty: Internal 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 57-year-old male who reported an injury on 02/02/2005. The mechanism of injury was not provided. His diagnoses include carpal tunnel syndrome and cervical radiculopathy. Past treatment was noted to include injections and carpal tunnel release. On 11/13/2014, it was noted the injured worker had numbness and tingling though body region was not noted. Upon physical examination, it was noted the injured worker had normal motor strength to his bilateral upper extremities. It was indicated he had a negative Tinels on the left, but a positive on the right side. His relevant medications were not included. His treatment plan was noted to include trial of wrist splints and MRI of the cervical spine. A request was received for MRI cervical spine to rule out herniated nucleus pulposus/stenosis. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: 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 MRI cervical spine is not medically necessary. According to the California MTUS/ACOEM Guidelines, special studies are not needed unless a 3- to 4-week period of conservative care fails to improve symptoms. The criteria for ordering imaging studies are the emergence of a red flag, neurological dysfunction to include decreased motor strength, decreased deep tendon reflexes, decreased sensation, and a positive Spurling's test, and the failure to progress in a strengthening program. The clinical documentation submitted for review indicated the injured worker had a positive Tinel's on the right side; however, it was not indicated that he participated in a 3 to 4 week period of conservative care and there were no quantitative objective findings regarding significant neurological deficits. Consequently, the request is not supported by the evidence based guidelines. As such, the request for MRI cervical spine is not medically necessary.