

Case Number:	CM14-0216731		
Date Assigned:	01/06/2015	Date of Injury:	05/08/2014
Decision Date:	02/26/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/26/2014

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: North Carolina, Georgia
 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:

This 38 year old female sustained work related industrial injuries on May 8, 2014 while working as a vegetable picker. The mechanism of injury involved pulling a muscle causing injury to the left hand. The injured worker subsequently complained of back pain, left shoulder pain, left arm pain, left elbow pain, left wrist pain and left hand pain. Treatment consisted of diagnostic studies, radiographic imaging, prescribed medications, physical therapy, acupuncture treatment, consultations and periodic follow up visits. Per primary treating provider report dated November 4, 2014, the injured worker complained of lumbar spine pain, left elbow pain, left wrist pain and pain in the left fingers. Objective finding revealed painful range of motion, tenderness to palpitation of the lumbar spine, left elbow and left wrist. Documentation also noted swelling and tenderness in left finger joints. There were no subjective or objective clinical documentation pertaining to cervical spine or any radiographic imaging reports submitted for review. As of November 4, 2014, the injured remains off work. The treating physician prescribed services for MRI of the cervical spine now under review. On December 5, 2014, the Utilization Review (UR) evaluated the prescription for MRI of the cervical spine requested on November 7, 2014. Upon review of the clinical information, UR non-certified the request for MRI of the cervical spine, noting the lack of clinical documentation to support medical necessity and the recommendations of the MTUS Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

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

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

Decision rationale: ACOEM chapter on neck complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. In this case a cervical MRI was performed on 9/9/2014 showing a 1 mm disc protrusion at C5-C6. The medical record does not include any red flag findings of specific nerve root compromise, no surgical intervention is proposed in the records and no change in condition from the time of the first MRI on 9/9/2014 is described. Cervical MRI is not medically indicated.