

Case Number:	CM15-0010976		
Date Assigned:	01/28/2015	Date of Injury:	01/11/2012
Decision Date:	03/25/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/20/2015

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: 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 sustained an industrial injury on January 11, 2012. The mechanism of injury is unknown. Diagnoses included cervical myalgia, cervicgia, right carpal tunnel syndrome and cervical myospasm. Treatment to date has included diagnostic studies. Currently, the IW complains of pain in the right hand and neck. The medical record submitted for review was only a few pages long and contained limited information. On December 24, 2014, Utilization Review non-certified a MRI of cervical spine and consult to hand surgeon. On January 20, 2015, the injured worker submitted an application for Independent Medical Review for review of MRI of cervical spine and consult to hand surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses cervical spine MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. MRI may be recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. The primary treating physician's progress report dated 12/15/14 documented that a cervical spine MRI magnetic resonance imaging report performed 12/11/14 documented multiple disc protrusions. Objective findings noted that the cervical spine was unchanged. No radiating pain. No range of motion was noted. Cervical spine MRI was noted to be poor quality. A new MRI of the cervical spine was requested. No neurologic deficit was documented on physical examination. The report of the 12/11/14 MRI of the cervical spine was not present in the submitted medical records. Without significant physical examination findings or the 12/11/14 MRI report, the request for a repeat MRI is not supported. Therefore, the request for MRI magnetic resonance imaging of the cervical spine is not medically necessary.

Hand surgeon consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and

treatment of a patient. The primary treating physician's progress report dated 12/15/14 documented right hand pain, swelling, carpal tunnel syndrome. Hand surgeon referral was requested. Medical records indicate that the patient would benefit from the expertise of a hand surgeon. The request for specialty referral and consultation is supported by MTUS and ACOEM guidelines. Therefore, the request for hand surgeon consultation is medically necessary.