

Case Number:	CM15-0124318		
Date Assigned:	07/08/2015	Date of Injury:	07/08/2010
Decision Date:	08/05/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/29/2015

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: Physical Medicine & Rehabilitation

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 (IW) is a 56-year-old female who sustained an industrial injury on 07/08/2010. Diagnoses include cervical discopathy with chronic cervicgia and MRI evidence of two anterior disc protrusions at C4-5 and C5-6; bilateral carpal tunnel/cubital tunnel syndrome/double crush syndrome. Treatments for the cervical spine were not documented. According to the progress notes dated 5/7/15, the IW reported constant pain in the cervical spine with radiation into the upper extremities with associated numbness and tingling. She also reported migraine headaches and tension between the shoulder blades. She rated her pain 8/10. On examination, the cervical spine paravertebral muscles were tender to palpation and spasms were noted. Range of motion (ROM) was painful and limited. Cervical compression and Spurling's maneuver was positive. Numbness and tingling was noted in the anterolateral shoulder and arm, lateral forearm and hand, greatest over the thumb, and in the middle finger in a C5-6, C6-7 dermatomal pattern. There was 4/5 strength in the deltoid, biceps, triceps, wrist flexors/extensors and finger extensors. The medial aspects of both elbows were tender to palpation, with positive Tinel's sign over the cubital tunnel. Tinel's and Phalen's tests were positive at the bilateral wrists. Electrodiagnostic testing of the upper extremities on 1/9/15 was indicative of bilateral carpal tunnel syndrome and left cubital tunnel syndrome. A request was made for MRI of the cervical spine due to pain with arm pain/numbness lasting longer than four to six weeks.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 2015: Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic and Treatment Considerations, page(s) 171-171, 177-179.

Decision rationale: ACOEM Treatment Guidelines for the Neck Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure, not demonstrated here. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for repeating the MRI of the cervical spine without any specific changed clinical findings, neurological deficits of red-flag conditions, or progressive deterioration to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI (Cervical Spine) is not medically necessary and appropriate.