

Case Number:	CM15-0171665		
Date Assigned:	09/14/2015	Date of Injury:	04/14/2010
Decision Date:	10/21/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/31/2015

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: Texas, California
 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 is a 54 year old female patient, who sustained an industrial injury on 4-14-10. The diagnoses include bilateral carpal tunnel syndrome, cubital tunnel syndrome and probable cervical radiculopathy. She sustained the injury while trying to catch a binder from an over head cabinet. Per the PR2 dated 7-27-15, she had complaints of headaches as well as pain throughout her entire left upper extremity. She also had numbness and tingling in both hands. The physical examination revealed positive Tinel's at the median nerve at both wrists, intact sensory and motor examination bilaterally and full range of motion of the all digits, both hands, wrists and elbows. The physical examination did not address any cervical findings. The medications list includes Voltaren, Flexeril, Ultram and Ibuprofen. She has had electrodiagnostic studies dated 6/19/15 which revealed bilateral carpal tunnel syndrome and cubital tunnel syndrome. Other therapy done for this injury was not specified in the records provided. The treating physician requested a cervical MRI. The Utilization Review dated 8-4-15, non-certified the request for a cervical MRI.

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 Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MRI of the cervical spine. Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." The ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, Not recommended: Imaging before 4 to 6 weeks in absence of red flags." Detailed cervical spine examination is not specified in the records provided. The records provided did not specify any progression of neurological deficits in this patient. Findings indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. Response to previous conservative therapy including physical therapy and pharmacotherapy was not specified in the records provided. A recent cervical spine X-ray report is not specified in the records provided. In addition, patient had electro diagnostic studies dated 6/19/15 which revealed bilateral carpal tunnel syndrome and cubital tunnel syndrome. An electro-diagnostic study with evidence of cervical radiculopathy is not specified in the records provided. The medical necessity of MRI of the cervical spine is not established for this patient.