

Case Number:	CM15-0043386		
Date Assigned:	03/13/2015	Date of Injury:	11/25/2013
Decision Date:	04/22/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/06/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old male, who sustained an industrial injury on November 25, 2013. He reported being struck by a company truck, with neck, left shoulder, left elbow, left hand/wrist, and low back pain. The injured worker was diagnosed as having cervical spine pain/sprain/strain/herniated nucleus pulposus (HNP)/and radiculopathy, left shoulder sprain/strain/tendinitis/bursitis/and AC arthrosis, left elbow sprain/strain, left wrist sprain/strain/TFCC tear/ and carpal tunnel syndrome, lumbar spine pain/sprain/strain/degenerative disc disease/herniated nucleus pulposus (HNP)/hemangioma at L3/and radiculopathy, and hypertension. Treatment to date has included MRIs of the neck, left shoulder, left elbow, left wrist, and lower back, physiotherapy, electromyography (EMG) studies of the upper and lower extremities, chiropractic treatments, acupuncture, physical therapy, and medication. Currently, the injured worker complains of constant, moderate to severe burning neck pain associated with numbness and tingling of the bilateral upper extremities, burning left shoulder pain, burning left elbow pain, burning left wrist pain with weakness, numbness, tingling, and pain radiating to the hand and fingers, and burning low back pain radiating to the left hip and down the left leg associated with numbness and tingling of the bilateral lower extremities. The Primary Treating Physician's report dated January 27, 2015, noted the injured worker reported that the medications offer temporary relief and improve his ability to have restful sleep. Cervical spine evaluation was noted to show tenderness to palpation at the occiputs, trapezius, sternocleidomastoid, scalene, splenius, and levator scapula muscles, with positive cervical distraction and compression tests, bilaterally. Neurological examination of the

bilateral upper extremities was noted to show sensation to pinprick and light touch slightly diminished along the course of the median nerve distribution in the left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) without contrast, Cervical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC, Treatment, Integrated Treatment/disability Duration Guidelines, Neck and Upper Back (acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back, MRI.

Decision rationale: The attached medical record indicates that the injured employee has already had an MRI the cervical spine. The official disability guidelines do not recommend a repeat MRI the cervical spine unless there is a significant change of symptoms or physical examination findings. There is no documentation that signs and symptoms have significantly changed nor has there been a recent surgical procedure that would potentially required reimaging. This request for a repeat MRI the cervical spine is not medically necessary.