MAXIMUS Federal Services

Case Number:	CM15-0073985		
Date Assigned:	04/24/2015	Date of Injury:	10/29/2012
Decision Date:	06/11/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/17/2015

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: Utah, Arkansas
Certification(s)/Specialty: Family Practice, Sports 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 is a 49 year old male, who sustained an industrial injury on 10/29/2012. He reported a cumulative injury when his hands and fingers became progressively worse with tingling and sharp pains. The injured worker was diagnosed as status post carpal tunnel release and vein decompression, lumbago, cervicalgia, right hand osteoarthrosis, sciatica and pain in lower leg. Right hand magnetic resonance imaging showed 2 small cysts and the wrist magnetic resonance imaging showed mild arthrosis and tendinosis. Treatment to date has included surgery, physical therapy, steroid injection, acupuncture and medication management. In a progress note dated 2/20/2015, the injured worker complains of right hand and wrist pain, numbness and swelling and neck pain. The treating physician is requesting magnetic resonance imaging of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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): 177-178, Neck.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for MRI of the cervical spine. Guidelines recommend MRI if there is a Failure of conservative treatment. According to the clinical documents, there is no report that the patient has tried and failed conservative therapy, including a strengthening program. The clinical documents lack documentation that the patient has met these criteria. According to the clinical documentation provided and current MTUS guidelines; MRI, as written above, is not indicated as a medical necessity to the patient at this time. Therefore, the requested medical treatment is not medically necessary.