

<b>Case Number:</b>	CM15-0097934		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	06/29/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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, North Carolina

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:

The injured worker is a 56 year old female, who sustained an industrial injury on 6/29/2013. She reported developing pain in the hands, right greater than left with weakness from repetitive movements. Diagnoses include calcifying tendinitis and bilateral carpal tunnel syndrome, degenerative disc disease with cervical protrusion and stenosis. Treatments to date include activity modification, medication, injections and physical therapy. Currently, she complained of neck and bilateral hand pain with upper extremity numbness. On 4/6/15, the physical examination documented no change on objective findings from previous examinations. There was a 2.0 by 1.5cm mass lateral to right side T4-T5 neural foramen. The plan of care included STAT neurosurgical consultation and STAT MRI of thoracic spine with contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-176.

**Decision rationale:** In this case, the patient has cervical spine disease with carpal tunnel syndrome. An imaging study revealed a 2.0 x 1.5 cm mass lateral to the right side of the T4-T5 neural foramen. The request is for a STAT MRI of the t-spine and STAT neurosurgical consult. The records submitted for review show no detailed neurologic exam indicating neurologic compromise in the T-spine. There is also no report of a mass in previous studies of the area. Without additional information, the request cannot be determined to be justified and at this time is not medically necessary or appropriate.

**Neurosurgeon consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-172.

**Decision rationale:** The request is for a STAT neurosurgical consult for a 2.0 x 1.5 cm mass lateral to the right side of the T4-T5 neural foramen. The patient has no symptoms suggesting neurologic compromise in this area. There is no rationale given as to why a neurosurgical consultation is necessary. In addition, the area of the spine to be addressed is not identified in the request. Therefore, the request is not medically necessary or appropriate at this time.