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| Case Number: | CM13-0000481 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 01/31/2013 |
| Decision Date: | 03/31/2014 | UR Denial Date: | 05/06/2013 |
| Priority: | Standard | Application Received: | 05/24/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 58-year-old male with a 1/31/13 date of injury. At the time of request for authorization for MRI cervical spine, there is documentation of subjective (left shoulder pain, numbness and radiating pain into the hand, pain exacerbated with neck extension) and objective (left shoulder forward elevation 140, ER 70, IR to mid lumbar level, rotator cuff strength 4+/5, some tenderness along the medial border of the scapular, extension of the neck does cause radiation of numbness into the hand) findings, current diagnoses (shoulder impingement, minimally symptomatic, with possible injury to the parascapular muscles as well as injury to the cervical spine), and treatment to date (activity modification, PT, and medications). There is no documentation of plain films radiographs findings 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 the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Magnetic Resonance Imaging (MRI).

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of an MRI. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which a cervical MRI is indicated [such as: Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present; Neck pain with radiculopathy if severe or progressive neurologic deficit; Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present; Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present; Chronic neck pain, radiographs show bone or disc margin destruction; Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury, radiographs and/or CT "normal"; Known cervical spine trauma: equivocal or positive plain films with neurological deficit], as criteria necessary to support the medical necessity of MRI of the cervical spine. Within the medical information available for review, there is documentation of subjective/objective consistent with possible radiculopathy and a diagnosis of possible injury to the cervical spine. However, there is no documentation of plain film radiographs findings of the cervical spine. Therefore, based on guidelines and a review of the evidence, the request for MRI cervical spine is not medically necessary.