

Case Number:	CM13-0001254		
Date Assigned:	07/02/2014	Date of Injury:	03/26/2012
Decision Date:	07/31/2014	UR Denial Date:	06/11/2013
Priority:	Standard	Application Received:	07/12/2013

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in Maryland. 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/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:

The patient is a 43-year-old with date of injury March 26, 2012. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain and right shoulder pain since the date of injury. She has been treated with physical therapy and medications. There are no radiographic data included for review. Objective: decreased range of motion of the cervical spine, tenderness to palpation of the cervical spine, tender thoracic paraspinal musculature bilaterally. Diagnoses: myofascial pain syndrome, cervical spondylosis, shoulder arthropathy. Treatment plan and request: MRI 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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and upper back complaints, pages 177-179 Page(s): 177-179.

Decision rationale: This 43-year-old has complained of neck and shoulder pain since date of injury March 26, 2012. She has been treated with physical therapy and medications. The current request is for a cervical spine MRI. The available medical records do not include the requesting

provider's rationale for the requested testing. According to the Chronic Pain Medical Treatment Guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms or physical exam findings, is not indicated. The request for an MRI of the cervical spine is not medically necessary or appropriate.