MAXIMUS Federal Services

Case Number:	CM13-0005362		
Date Assigned:	12/04/2013	Date of Injury:	12/09/2009
Decision Date:	01/17/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/30/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Illinois and Indiana. 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:

The patient is a 37-year-old female who reported an injury on 12/09/2009 when the chair she was seated in slipped, causing her to grab a cubicle partition with her right upper extremity, causing immediate right upper extremity and neck pain. The patient underwent an MRI in 01/2012 that revealed no central canal stenosis or foraminal narrowing. The patient's initial diagnoses included cervical radiculopathy and rotator cuff tear. The patient was treated with medications. The patient underwent an electrodiagnostic study that did not reveal any abnormalities. The patient underwent right rotator cuff reconstruction, shoulder decompression, and arthroscopy. The patient's most recent clinical exam findings included decreased cervical range of motion and intact sensation of the right upper extremity. The patient's diagnoses included C5-6 radiculopathy, right rotator cuff repair 06/21/2010, right rotator cuff reconstruction, shoulder decompression, and arthroscopy. The patient's treatment plan included an MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upright MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter MRI

Decision rationale: The requested upright MRI of the cervical spine is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent an MRI of the cervical spine that revealed no abnormalities. American College of Occupational and Environmental Medicine indicates that an MRI is appropriate when the patient has documented neurological deficits. The clinical documentation submitted for review did provide evidence that the patient had persistent pain; however, there was no documentation of neurological deficits to support radiculopathy. Additionally, Official Disability Guidelines do not recommend repeat imaging in the absence of significant progression of symptoms or a change in pathology. The clinical documentation submitted for review does not provide any evidence that the patient has had significantly progressive symptoms. Also, the clinical documentation submitted for review does not provide any evidence that the patient has been provided active conservative therapy for the patient's neck pain complaints. As such, the requested upright MRI of the cervical spine is not medically necessary or appropriate.