

Case Number:	CM13-0018021		
Date Assigned:	11/06/2013	Date of Injury:	07/12/2011
Decision Date:	01/21/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/29/2013

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 Internal Medicine, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 53 year old male who reported an injury on 07/12/2011. The mechanism of injury was not provided. He was initially treated for an injury to his left shoulder that resulted in a decompression with clavicle resection, debridement of a labral tear, and partial thickness rotator cuff tear on 05/16/2012. He received appropriate treatment post-operatively with an unremarkable course of recovery. The patient had a MRI of the cervical spine on 09/12/2012 which reported a 2mm midline bulge at C3-4, a 3mm biforaminal spondylotic bulge also at C3-4 with abutment of the exiting nerve roots bilaterally. He had on-going left sided neck pain in 2013 that brought him back to an orthopedic doctor as well as complaints of left sided facial pain, numbness, tingling, swelling, and left upper extremity radicular symptoms. On this physical examination dated 03/29/2013 the patient was found to have restricted range of motion in the cervical spine, though not specified. He was diagnosed with trigeminal neuralgia. He was then seen by neurology on 06/06/2013 where he was found to have normal motor strength but decreased sensation to the left radial forearm in the C5-C6 dermatome.

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 ACOEM Page(s): 181-183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Official Disability Guidelines state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The medical records provided for review did not indicate the presence of objective documentation of significant changes and or symptoms since the original MRI was performed to support repeat imaging at this time. As such, the request for MRI of the cervical spine is non-certified.