

Case Number:	CM13-0027815		
Date Assigned:	12/18/2013	Date of Injury:	08/15/1999
Decision Date:	05/08/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/23/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 injured worker is a 66-year-old with a date of injury of August 15, 1999, mode of injury was the injured worker injured his neck while cleaning the floor and equipment at work. The injured worker had diagnoses of cervical disc bulging, bilateral shoulder impingement syndrome and bursitis. The injured worker was seen on 08/29/2013 for an orthopedic re-evaluation. The injured worker did not do physical therapy yet, as the injured worker currently lives in [REDACTED]. The injured worker still has pain in his neck and arms. On physical exam, the physician noted there is no tenderness today in the cervical spine. On examination of bilateral shoulders, the physician noted mild tenderness about both his shoulders, can elevate his arms to 170 degrees, has pain with Neer and Hawkins impingement sign. Discussion and treatment recommendations is the injured worker is to start therapy on his neck and shoulders. The injured worker to return in 6 weeks for a re-evaluation.

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 Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines states criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery. The guidelines also notes that if physiologic evidence indicates tissue insult or nerve impairment, consider discussion with a consultant regarding next step, including the selection of an imaging test to define a potential cause (magnetic resonance imaging) MRI for neural or other soft tissue, computed tomography (CT) for bony structures. The documentation provided for review failed to show the emergence of a red flag, any physiological evidence of tissue insult or neurological dysfunction, or failure to progress in a strengthening program intended to avoid surgery. In the documentation provided, physical exam that noted there was no tenderness to cervical spine during the August 29, 2013 office visit, which is the most current office visit submitted for review. There was a lack of neurological deficits noted on examination to support the necessity of a cervical spine MRI. Also, at this point, the injured worker had not started a physical therapy program.