

Case Number:	CM13-0029106		
Date Assigned:	11/01/2013	Date of Injury:	10/21/2011
Decision Date:	01/22/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/24/2013

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 Internal Medicine and Cardiology, has a subspecialty in Fellowship trained 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 51-year-old female, who reported an injury on 10/21/2011. The mechanism of injury was tripping over a wooden pallet and falling to floor. The most recent clinical note date 10/23/2013 reported the patient continued to complain of neck, left trapezius and upper extremity pain with radiation into the left thumb, left shoulder pain and stiffness, and pain to the right thumb, wrist, and low back. The patient had not started physical therapy at the time of the examination. The patient was diagnosed with left shoulder adhesive capsulitis, left upper extremity radiculopathy, and left shoulder pain. There were positive Spurling's to the left and negative to the right. The patient is able to perform cervical flexion, by pulling her chin to her sternum; extension is 25 degrees, bilateral rotation 45 degrees, with left side neck, upper chest, and left trapezius pain at each limit. Strength in all motor groups distal to the left shoulder is 5/5. Biceps and triceps reflexes are 1+ and symmetrical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (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: The Official Disability Guidelines indicate that a repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (example, tumor, infection, fracture, neurocompression, recurrent disc herniation). The patient is noted to have undergone an MRI of the cervical spine previously and the submitted documentation did not support there had been new or a progression in neurological deficits to support repeat imaging at this time. As such, the request for MRI of cervical spine is non-certified.