

Case Number:	CM13-0030188		
Date Assigned:	11/27/2013	Date of Injury:	02/03/2011
Decision Date:	02/07/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/26/2013

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, and is licensed to practice in New York and 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 52-year-old female who reported a work-related injury on 02/03/2011 as the result of a fall. The clinical note dated 07/24/2013 reports the patient presents for treatment of right shoulder rotator cuff syndrome and impingement, cervical spine strain with radicular symptoms, wrist strain, thoracic strain, and headaches. The clinical note reports the patient was seen under the care of [REDACTED]. The provider documents the patient continues to report cervical spine and right shoulder pain with associated numbness and tingling to the right upper extremity. The provider documents a review of the MRI of the cervical spine from 07/2011 revealed left foraminal at C4 to C7, right C6 7 with disc disease. The provider documented upon physical exam of the patient range of motion of the cervical spine was restricted, tenderness upon palpation over the right side, plus axial compression to the right trapezius was noted. The patient reports numbness along the right upper extremity. The provider documents recommendation for electrodiagnostic studies, a repeat MRI of the cervical spine, and rendered prescriptions, Medrol Dosepak and Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI C-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): 178.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the employee continues to present with cervical spine pain complaints. The provider documents the employee had not been seen in clinic for 2 years. The clinical notes do not indicate the employee presents with any objective red flag findings or a significant change in condition to warrant repeat imaging studies at this point in treatment. The provider is recommending a course of physical therapy and a medication regimen, which would be indicated prior to further repeat studies of the cervical spine. The MTUS/ACOEM guidelines indicate when the neurological examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Given all the above, the request for MRI C-spine is neither medically necessary nor appropriate.