

Case Number:	CM13-0030793		
Date Assigned:	12/18/2013	Date of Injury:	09/16/2011
Decision Date:	05/21/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/01/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 58-year-old gentleman injured in a September 21, 2011, work-related accident. Records indicate injury to the neck, upper back and left shoulder. The medical records available for review include an October 21, 2013, PR2 report, in which the claimant was noted to have continued complaints of neck pain and low back pain. The claimant reported radiating pain to the left fourth and fifth digits with numbness. Objective findings showed tenderness on palpation to the anterior shoulder and biceps tendon, as well as tenderness on palpation over the C7 level. Neurologic findings were not documented. No cervical imaging since the date of injury is documented. The records state that the claimant is status post left shoulder arthroscopy with labral repair. Based on a diagnosis of myofascial rotator cuff syndrome and cervical strain/herniation, this request is for an MRI scan of the cervical spine for further assessment.

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 Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 177-178.

Decision rationale: According to ACOEM Guidelines, the acute need of a cervical MRI would not be indicated in this case. ACOEM Guidelines pertaining to MR imaging of the cervical spine indicate its need in the presence of physiological evidence of tissue insult or neurologic dysfunction on examination and after a failure to progress with conservative measures, including a strengthening program. While the claimant is noted to have subjective complaints of neck pain with isolated numbness to the fourth and fifth digits on the left, current physical examination does not indicate specific neurologic finding supporting the acute need for imaging at this chronic stage in the claimant's care. This request for MRI of the cervical is not medically necessary.