

Case Number:	CM13-0040902		
Date Assigned:	12/20/2013	Date of Injury:	09/20/2012
Decision Date:	04/02/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 36 year old woman with a date of injury of 9/20/12. She was seen by her primary treating physician on 9/24/13 with complaints of neck and right shoulder pain which was worsened after 11 physical therapy visits. Her physical exam was significant for minimal flexion and 25% decrease in extension, rotation and lateral bending. She had pain in the C3-7 paraspinal muscles and right arm pain over the biceps tendon. Flexion and abduction were to 120 degrees. Her assessment was ongoing cervical and right shoulder pain and a cervical spine MRI was requested to assess disc pathology. She had a prior MRI of her cervical spine in 2011 and 2012 with a stable appearance, cervical straightening and no significant pathology or central or foraminal narrowing

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): 165-193.

Decision rationale: The request in this injured worker with chronic neck pain is for a MRI of the cervical spine. The records document a physical exam with limited range of motion and pain but no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags and with two prior MRIs in the past two years with stable appearance, a MRI of the cervical spine is not medically indicated.