MAXIMUS Federal Services

Case Number:	CM13-0044451		
Date Assigned:	02/20/2014	Date of Injury:	06/21/2012
Decision Date:	04/23/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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 woman with a date of injury of 6/21/12. She was seen by her primary treating physician on 10/22/13 and a rerequest for a cervical MRI was made which is at issue in this review. She was status post radio ablation of her lumbar spine on 10/7/13. She continued to complain of 8/10 neck pain which radiated down her right upper extremity. She also reported ongoing 5/10 lower back pain. Her medications included soma, volataren and norco. Her physical exam was significant for tenderness over the paracervical muscles, base of neck and skull and trapezius musculature. She had decreased sensation in the right C7 dermatome, decreased cervical range of motion and a positive Spurling's test. Her upper extremity strength and reflexes were normal. Her diagnoses included right shoulder impingement, cervical strain and radiculopathy, AC joint arthritis of the right shoulder and status post subacromial decompression and distal clavicle resection of the right shoulder 7/2/13. The MRI scan was requested and is at issue.

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. Decision based on Non-MTUS Citation ODG

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 an MRI of the cervical spine. The records document a physical exam with pain with range of motion and C7 dermatomal decrease in sensation but no red flags or indications for immediate referral or imaging. An MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. According to the ACOEM Guidelines, in the absence of physical exam evidence of red flags, a cervical spine MRI is not medically indicated. The request is not medically necessary and appropriate.