

Case Number:	CM13-0045190		
Date Assigned:	12/27/2013	Date of Injury:	05/19/2011
Decision Date:	03/07/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 and Rehabilitation, and is licensed to practice in Illinois 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 40-year-old female who reported an injury on 5/19/11 due to cumulative trauma that caused injury to her neck and left upper extremity. Prior treatments have included medications, chiropractic care, injections, acupuncture, and physical therapy. The patient underwent an MRI of the cervical spine in April 2013 that did not reveal any significant findings. The patient's most recent clinical documentation indicated that the patient had chronic neck pain, bilateral shoulder pain, and bilateral wrist pain. Physical findings included decreased range of motion of the cervical spine with swelling, muscle tenderness and weakness of the cervical spine, bilateral shoulders, and bilateral wrists. The patient underwent an MRI of the shoulder in October 2012 that revealed a non-retracted rotator cuff tear. The patient's treatment plan included continued acupuncture, and an MRI of the cervical spine and shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for an MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The American College of Occupational and Environmental Medicine recommends imaging studies when there is evidence of neurological deficit upon clinical findings. The clinical documentation submitted for review does not provide any evidence of neurological deficits that would require an imaging study. Additionally, the clinical documentation submitted for review includes an MRI from April 2013 that did not provide any significant deficits. The Official Disability Guidelines do not recommend repeat imaging unless there is a significant change in the patient's clinical presentation to support progressive neurological deficits or a significant change in pathology. The clinical documentation does not support that the patient has had significant progressive neurological deficits or a change in pathology. As such, the requested MRI of the cervical spine is not medically necessary or appropriate.