

Case Number:	CM13-0046234		
Date Assigned:	12/27/2013	Date of Injury:	11/03/2012
Decision Date:	04/30/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/12/2013

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 physical Medicine and Rehabilitation and is licensed to practice in California. 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:

This 45-year-old female sustained an injury on 11/3/12 while employed by [REDACTED]. Request under consideration include MRI OF THE CERVICAL SPINE. Report of 9/18/13 from the provider noted patient with complaints of increased cervical spine pain. X-ray of the cervical spine noted C7 vertebrae obscured by shoulders limiting interpretation. There was no objective findings documented. Report of 1/24/13 noted patient is worse; exam noted right shoulder strain; no swelling, ecchymosis or erythema; right pectoralis/deltoid tenderness; no crepitus with motion; full range of motion with pain; negative drop arm sign; no sensory or vascular deficits noted. Diagnoses included right shoulder contusion; right elbow contusion; and right wrist contusion. Treatment included dispensing Hydrocodone, off work and ortho consult. Report of 2/28/13 had identical findings and diagnoses with treatment plan to add Theragesic cream, Tramadol, and Norflex with modified work. July 1, 2013 consult report from the provider noted patient with right shoulder injury of 8/20/08 with right shoulder complaints. MRI of 2/4/13 noted complete mildly retracted rotator cuff tear. Diagnosis was Right shoulder RCT with underlying adhesive capsulitis recommending arthroscopic decompression and MUA. Hand-written note of 11/13/13 from the provider was illegible- there was complaints of anxiety, patient seen her PCP..Functional box checked "no change"; no objective findings documented. Diagnoses were illegible, but with "?low back pain; right C. radic with HA; R. RCT." Plan for off work 6 weeks. The request for MRI of the C-spine was non-certified on 10/11/13 citing guidelines criteria and lack of medical necessity.

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): 171, 177, 179.

Decision rationale: Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, criteria for ordering imaging include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including reports from the provider, have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the cervical spine is not medically necessary and appropriate