

Case Number:	CM13-0059516		
Date Assigned:	12/30/2013	Date of Injury:	04/18/2006
Decision Date:	04/01/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 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 66-year-old male who reported an injury on 04/18/2006. The mechanism of injury involved repetitive and strenuous activity. The patient is currently diagnosed with cervical sprain/strain and bilateral shoulder pain. A request for authorization was submitted by [REDACTED] on 10/31/2013 for an MRI of the cervical spine. However, there was no physician progress report submitted on the requesting date. The latest primary treating physician's report was submitted on 09/30/2013 by [REDACTED]. The patient reported ongoing neck pain with numbness and tingling in bilateral upper extremities, as well as bilateral shoulder pain. Physical examination revealed tenderness to palpation, slightly diminished range of motion, positive impingement sign and apprehension sign on the right, tenderness bilaterally over the upper trapezius and rotator cuff, and painful shoulder range of motion. Treatment recommendations at that time included x-rays of the cervical spine, electrodiagnostic studies, physical therapy, a Functional Capacity Evaluation, and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303-304.

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the documentation submitted, there was no physician progress report submitted on the requesting date of 10/31/2013. The patient's latest physical examination did not reveal any signs or symptoms of neurological deficit. The medical necessity for the requested service has not been established. Therefore, the request is noncertified.