

Case Number:	CM13-0059829		
Date Assigned:	12/30/2013	Date of Injury:	07/26/2010
Decision Date:	05/07/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational Medicine, 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:

The patient is a 53 year old male who was injured on 7/26/10 due to repetitive lifting, pushing, and pulling. Prior treatment history has included right shoulder surgery. He has had H-Wave treatment and a home exercise program. His medications include Vicodin 5/300mg, Ibuprofen 800mg, Cymbalta 60mg, Ambien 10mg, Ultram 50mg, and Norco 10/325mg. The PR-2 dated 10/30/13 documented the patient to have complaints of left chest pain and left arm pain. He has decreased pain with a return of symptoms within a few hours. The patient feels better with less pain and more movement. Objective findings on exam revealed minimal discogenic degeneration. Osteoarthritis was present in the right shoulder. No significant bony or soft tissue abnormalities were identified. Diagnoses included shoulder impingement, and spine-cervical spondylosis without myelopathy. The plan was to request an MRI of the cervical spine related to the patient's symptoms and limited range of motion in association of current symptoms with his work environment and physical requirements.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The California MTUS requires there to be physiological evidence in the form of definite neurological findings on physical exam or electrodiagnostic study to support the need of an MRI. There should be some findings that demonstrate specific nerve compromise on the neurologic evaluation or study. The provider has no documented neurological findings. The request is noncertified.