

Case Number:	CM13-0060059		
Date Assigned:	12/30/2013	Date of Injury:	10/09/2013
Decision Date:	04/01/2014	UR Denial Date:	11/20/2013
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 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 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 38-year-old male who reported an injury on 10/09/2013. The mechanism of injury involved a fall. The patient is currently diagnosed with neck sprain and strain. The patient was seen by [REDACTED] on 10/21/2013. The patient reported neck, back, and shoulder pain. Physical examination revealed tenderness to palpation of the neck, back and shoulders. Treatment recommendations included an MRI of the neck, back and shoulders.

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.

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that if physiologic evidence shows 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, the patient's physical examination only revealed tenderness to palpation. There was no evidence of a significant musculoskeletal or neurological deficit. There is also no evidence of a failure to

respond to conservative treatment prior to the request for an imaging study. Based on the clinical information received, the request is non-certified.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The MTUS/ACOEM Guidelines indicate that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant 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, the patient's physical examination only revealed tenderness to palpation. There was no indication of a significant musculoskeletal or neurological deficit. There is also no evidence of an exhaustion of conservative treatment prior to the request for an imaging study. Based on the clinical information received, the request is non-certified.

MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 207-209.

Decision rationale: The MTUS/ACOEM Guidelines indicate that the primary criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. As per the documentation submitted, the patient's physical examination only revealed tenderness to palpation. There is neither evidence of the emergence of a red flag nor evidence of tissue insult or neurovascular dysfunction. There is also no indication of a failure to progress in a strengthening program. Based on the clinical information received, the request is non-certified.