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| Case Number: | CM13-0060688 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 01/20/2011 |
| Decision Date: | 03/11/2014 | UR Denial Date: | 11/07/2013 |
| Priority: | Standard | Application Received: | 11/07/2013 |

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 Orthopedic Surgery, has a subspecialty in Spinal Surgery 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 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:

A 57 year old claimant status post industrial injury 1/20/11 secondary to cumulative trauma. Claimant status post left shoulder arthroscopic cuff repair, distal clavicle excision on 12/27/12. Exam note 10/23/13 demonstrates subjective complaints of pain into the hand with tingling. Normal neurologic examination noted. Request for MRI cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) Cervical Spine without contrast: 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): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to the CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints pgs 177-178 regarding special studies (MRI) "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: -

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" According to the Official Disability Guidelines, Neck and Upper Back "Indications for MRI of the cervical spine include the following: - Any suggestion of abnormal neurologic findings below the level of injury. - Progressive neurologic deficit. - Persistent unremitting pain with or without positive neurologic findings. - Previous herniated intervertebral disk within the last two years and radicular pain with positive neurologic findings. - Patients with significant neurologic findings and failure to respond to conservative therapy despite compliance with the therapeutic regimen." In this case the patient does not meet any of the above criteria for an MRI of the cervical spine. The patient has a normal neurologic examination and no red flags to warrant advanced imaging. Therefore the determination is for non-certification as not medically necessary.