

Case Number:	CM13-0061338		
Date Assigned:	05/21/2014	Date of Injury:	09/04/2012
Decision Date:	07/11/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/04/2013

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 55-year-old male who has submitted a claim for partial tear of the rotator cuff associated with an industrial injury date of 09/04/2012. Medical records from 10/19/2012 to 02/11/2014 were reviewed and showed that patient complained of neck pain and left shoulder pain, with associated left hand numbness. Physical examination showed paracervical tenderness over C2 to C7-T1, and parathoracic tenderness from T1-T7. Range of cervical spine motion was limited. DTRs were 2/4 at the biceps, triceps, and brachioradialis. Motor testing was normal. Sensation was intact. Treatment to date has included Vicodin, naproxen, Flexeril, Elavil, Medrol dosepak, Ambien, and Prilosec. Utilization review, dated 10/31/2013, denied the request for cervical MRI scan because there was no clear neurologic dysfunction, and no clear evidence of possible surgery or other invasive procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MRI SCAN: 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): 179-180.

Decision rationale: ACOEM guidelines support imaging studies with red flag conditions; 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 and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. In this case, patient has been complaining of chronic neck and left shoulder pain, and numbness of the left hand. Aside from hyporeflexia of the biceps, triceps, and brachoradialis, there are no other evidence of neurologic dysfunction. Treatment to date has included intake of medications; however, patient has had other forms of conservative treatment such as physical therapy, acupuncture, etc. The criteria for cervical MRI have not been met. Therefore, the request for cervical MRI scan is not medically necessary.