

Case Number:	CM13-0071957		
Date Assigned:	01/08/2014	Date of Injury:	04/26/2012
Decision Date:	02/28/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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, has a subspecialty in Pain 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 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:

This is a 36 year-old female who injured her shoulder on 4/26/12 from heavy lifting. She is diagnosed with: frozen right shoulder; right shoulder recurrent impingement syndrome; right shoulder rule out (r/o) internal derangement; status post (s/p) arthroscopy; r/o cervical pathology, herniated nucleus pulposus cervical spine; r/o cervical radiculitis, neuropathic pain; depression. She underwent shoulder surgery, but it did not help. The physician requested a cervical MRI to rule out cervical pathology.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical Spine: 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 rationale: Limited information is available for this IMR. The 12/17/13 report from [REDACTED], states the patient is doing better after the right shoulder injection, about 70% better, but still has limited motion. The exam shows normal strength and motion in the cervical spine, and normal upper extremity reflexes. There are no subjective complaints of cervical pain or

radicular symptoms. MTUS/ACOEM guidelines for imaging state: "Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist" Although I am only provided the 12/17/13 report for review, it does not document persistent neck symptoms, and there is no indication of a specific nerve compromise. Based on the available information, the request for cervical MRI is not in accordance with MTUS/ACOEM guidelines