

Case Number:	CM14-0002465		
Date Assigned:	01/24/2014	Date of Injury:	10/07/2010
Decision Date:	06/09/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/07/2014

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 Physical Medicine and Rehabilitation 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:

This 59 year-old patient sustained an injury on 10/7/10 while employed by [REDACTED]. Request(s) under consideration include MRI of the cervical spine without contrast. Report of 12/2/13 noted the patient is status/post right shoulder arthroscopic rotator cuff repair on 7/19/12; left shoulder arthroscopy on 7/8/13; Previous history prior to current date of injury of 10/7/10 with status/post bilateral carpal tunnel release surgeries in 2002; left knee arthroscopy with medial meniscectomy and partial lateral meniscectomy, synovectomy, and chondroplasty on 12/18/09. There is past medical history of arthritis, diabetes, high cholesterol and hypertension. It was noted the patient had neck pain. Exam of the cervical spine showed tenderness to palpation; range in flex/ext/lateral bending/rotation of 30/30/25/60 degrees; DTRs were intact and symmetric; diffuse decreased sensation in right C6-8; with normal motor strength. Medication list Norco. Request(s) for MRI of the cervical spine without contrast was noncertified on 12/19/13 citing guidelines criteria and lack of medical necessity.

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 WITHOUT CONTRAST: 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): (s) 171, 177-179.

Decision rationale: The patient is without specific physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Neck and Upper Back Complaints ACOEM Practice Guidelines, criteria for ordering imaging studies include 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study as the patient has intact motor strength, DTRs, and decreased sensation was diffuse. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the cervical spine without contrast is not medically necessary and appropriate.