

Case Number:	CM14-0005245		
Date Assigned:	01/24/2014	Date of Injury:	11/30/2004
Decision Date:	06/19/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/14/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 61 year old female who reported an injury on 11/30/2004 secondary to a jerking motion. The clinical note dated 12/13/2013 reported the injured worker complained of pain to the right shoulder and she requested physical therapy. The injured worker had undergone cervical foraminotomy / anterior cervical fusion at C6-7 on 01/26/2006 and anterior cervical decompression and fusion at C5-6 on 02/28/2008. The physical examination revealed range of motion to the right shoulder 150 degrees abduction, 150 degrees forward flexion, 90 degrees external rotation and 70 degrees internal rotation. The treatment plan included physical therapy. The request for authorization was submitted on 12/18/2013. A clear rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL WITH AND WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Neck and Upper Back, Magnetic resonance Imaging (MRI).

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

Decision rationale: The request for MRI Cervical with and without contrast is non-certified. The injured worker has a history of neck and shoulder pain to include cervical foraminotomy / anterior cervical fusion at C6-7 on 01/26/2006 and anterior cervical decompression and fusion at C5-6 on 02/28/2008. The American College of Occupational and Environmental Medicine Guidelines state special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The guidelines also recommend the emergence of a red flag and physiologic evidence of tissue insult, neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure for ordering imaging studies. The clinical information lacked evidence to support the injured worker has completed a recent strengthening program or the presence of red flags. In addition, the documentation did not provide evidence of severe or progressive neurological deficits. Therefore, the request for MRI Cervical with and without contrast is not medically necessary.