

Case Number:	CM14-0007400		
Date Assigned:	02/07/2014	Date of Injury:	11/30/2013
Decision Date:	08/05/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/16/2014

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, has a subspecialty in Pain Management 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 is a 57-year-old female patient with a 6/19/08 date of injury. The 12/30/13 progress report indicated that the patient complained of constant pain in the upper back that was stabbing, neck pain that was aggravated when she turned her head, and shoulder pain. The objective findings demonstrated unspecified tenderness in both shoulders, decreased range of motion of the cervical spine and thoracic spine due to pain. She was diagnosed with headaches, cervical sprain, thoracic sprain, sprains of the shoulder and upper arms, brachial neuritis or radiculitis, tenosynovitis of hands and wrists. There is documentation of a previous 1/6/14 adverse determination, due to lack of exhaustion of conservative treatment prior to the proposed imaging modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) magnetic resonance imaging (MRI) of the cervical spine 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): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Neck and Upper Back Chapter).

Decision rationale: The MTUS/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. The patient presented with the pain in the head, neck and shoulders. She was recommended for an MRI of the cervical spine. However, there was no documentation that plain films were obtained. In addition, there remains no evidence of the specific course of conservative care failed to date. There were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. Therefore, the request is not medically necessary.