MAXIMUS Federal Services

Case Number:	CM14-0009277		
Date Assigned:	09/03/2014	Date of Injury:	03/01/2012
Decision Date:	10/02/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/23/2014

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 Illinois. 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 57 year old male who reported an injury on 03/01/2012 motor vehicle accident. The injured worker was diagnosed with right shoulder rotator cuff tear status post steroid injection, cervical spine degeneration, and lumbar spine central canal stenosis. The injured worker was treated with injection, home exercises, and chiropractic therapy. The injured worker had official CT scan of cervical spine on 03/02/2012 that showed left C2-3 facet hypertrophy and arthrosis and left C3-4 facet arthrosis, official x-rays of right finger 3rd digit, thoracolumbar spine, and cervical spine on 03/02/2012, and official MRIs of right shoulder and lumbar spine on 10/26/2012. The injured worker had no history of surgery indicated in the medical records. The clinical note dated 11/27/2013 noted the injured worker complained of neck pain and low back discomfort. The injured worker had 50% normal range of motion to the cervical spine and tenderness in the base with radiating pain to the right upper extremity. The injured worker's medical records did not indicate a medication history. The treatment plan was for MRI of the cervical spine. The rationale for the request was not indicated in the medical records. The request for authorization was submitted for review on 12/04/2013.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for MRI of the cervical spine is not medically necessary. The injured worker is diagnosed with right shoulder rotator cuff tear status post steroid injection, cervical spine degeneration, and lumbar spine central canal stenosis. The injured worker complains of neck pain and low back discomfort. The California MTUS/ ACOEM guidelines recommend MRI when there is emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure is needed. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures. Additional studies may be considered to further define problem areas. There is a lack of documentation which demonstrates that conservative care has failed to provide relief. The medical records lack indication of a significant change in symptoms or findings which indicate significant pathology. There is a lack of documentation which demonstrates the injured worker has significant weakness, decreased sensation, decreased deep tendon reflexes, or a positive Spurling's upon physical examination, which would indicate the injured worker has significant neurologic deficit. As such, the request for MRI of the cervical spine is not medically necessary.