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| Case Number: | CM14-0016201 | | |
| Date Assigned: | 04/14/2014 | Date of Injury: | 03/07/2011 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 02/04/2014 |
| Priority: | Standard | Application Received: | 02/10/2014 |

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 Emergency Medicine, and is licensed to practice in New York. 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 patient is a 54-year-old female who was injured on March 7, 2011. The patient continued to experience severe pain in her neck and both shoulders. Physical examination was notable for decreased range of motion of the cervical spine, tenderness over the cervical spinous processes, paraspinal muscle tenderness in the neck, normal motor strength, bilateral shoulder tenderness. Report of the MRI of the cervical spine done in June 2011 is not available. Diagnoses included cervical degenerative disc disease, right shoulder subacromial impingement syndrome, subclinical left shoulder subacromial impingement syndrome, and subclinical carpal tunnel syndrome. Treatment included right shoulder arthroscopy and steroid injections. The patient had an adverse reaction to the steroid injections and was apprehensive about having more. Diagnoses included Request for authorization for cervical MRI was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

A CERVICAL MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications For Imaging MRI Section.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg), Neck And Upper Back Chapter, Magnetic Resonance Imaging (MRI) Section.

Decision rationale: Criteria for ordering imaging studies for neck and upper back complaints are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Indications for MRI of the cervical spine are chronic neck pain after three months conservative treatment with normal radiographs and neurologic signs or symptoms present, neck pain with radiculopathy if severe or progressive neurologic deficit, chronic neck pain where radiographs show spondylosis and neurologic signs or symptoms are present, chronic neck pain where radiographs show old trauma and neurologic signs or symptoms are present, chronic neck pain where radiographs show bone or disc margin destruction, suspected cervical spine trauma with neck pain, clinical findings suggest ligamentous injury (sprain) and radiographs and/or are CT normal, known cervical spine trauma with equivocal or positive plain films with neurological deficit, and upper back/thoracic spine trauma with neurological deficit. In this case the patient did not have any red flags. There were no neurologic deficits or radicular signs that would merit a repeat MRI. Medical necessity is not established.