

Case Number:	CM14-0019354		
Date Assigned:	04/21/2014	Date of Injury:	11/12/2013
Decision Date:	07/02/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/14/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 41 year old female who reported an injury on 11/12/2013. The mechanism of injury was from straining neck and upper back while loading boxes. The injured worker had an MRI on 01/13/2014 which revealed mild central disc bulging at C4-C5 levels. Normal appearance of the spine without paraspinal abnormalities. The clinical note dated 04/03/2014 reported the injured worker complained of moderate severe left shoulder pains, severe neck pains, and pain behind her left shoulder blade. The injured worker also complained of left arm radiation with aching into diffused legs. The injured worker complained of numbness paravertebral and periscapular on the left she noted the numbness occasionally goes to the shoulder and arm. The injured worker complained of pain with dishes, pushing, reaching and pulling. Also complained of she is functionally limited with lifting. The physical exam noted cervical range of motion is restricted. Spurling's and Adson's test negative. The injured worker had diagnoses of sprained shoulder and myofascial pain syndrome. The request for authorization was not provided in the clinical documentation submitted.

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

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

Decision rationale: The American College of Occupational and Environmental Medicine noted MRI's are for most patients presenting with true neck or upper back problems, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. The guidelines also note most patients improve quickly provided any red flag conditions are ruled out, including emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery. There is a lack of clinical documentation the injured worker had 3-4 weeks of conservative care and failed. The injured worker also had an MRI on 01/13/2014, there is a lack of objective findings indicating the medical necessity for a repeat MRI. Therefore, the request for an MRI of the cervical spine is not medically necessary.