

Case Number:	CM14-0113043		
Date Assigned:	08/01/2014	Date of Injury:	02/08/2014
Decision Date:	10/27/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 2/8/2014. Per initial orthopedic consultation dated 5/12/2014, the injured worker complains of neck pain, left shoulder pain, and low back pain. He states that his neck pain is frequent, over 75% of the time. Average pain level is 5/10 and maximum severity is 8/10. He has associated numbness, weakness, swelling and pain at nighttime. Looking up makes his symptoms worse and waving his left arm makes his symptoms worse. His shoulder pain is frequent and moderate in severity, rated at 5/10 with maximum severity 8/10. He has numbness and weakness, but no swelling. He has pain at night. He states that looking up makes the pain worse, and raising his left arm makes pain better. There is no tenderness to palpation of the cervical spine. Cervical spine range of motion is reduced. There are no motor or sensory deficits on gross neurological examination. Left shoulder has no palpable tenderness. Left shoulder has full range of motion and mild pain with Neer and Hawkins impingement signs. The lumbosacral spine has no tenderness to palpation, normal range of motion and negative straight leg raising bilaterally. Diagnoses include 1) continuous trauma industrial injury 2) cervical strain 3) left shoulder strain 4) neuropathic symptoms, left upper extremity 5) lumbosacral strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) cervical spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies are also not met, such as emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The requesting physician explains that as the injured worker is having pain in his neck and his left shoulder that is not getting better. This is the initial evaluation by the requesting physician. The mechanism of injury is reported by the requesting physician as continuous trauma, and described by the injured worker to be from poor posture while driving. There is no tenderness to palpation of the cervical spine. There are no motor or sensory deficits on gross neurological examination. There is no indication that cervical x-rays have been done or reviewed. The total amount of physical therapy the injured worker has participated in is not addressed, and therefore it is not clear that conservative treatment has been exhausted and has failed. Medical necessity of this request has not been established. The request for Magnetic Resonance Imaging (MRI) cervical spine without dye is not be medically necessary.