

Case Number:	CM14-0130286		
Date Assigned:	09/22/2014	Date of Injury:	04/08/2013
Decision Date:	10/31/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/14/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 50-year-old female who reported an injury on 04/08/2013. The injured worker reportedly suffered a right shoulder injury when she was struck by a client. The current diagnosis is rule out cervical disc herniation. Previous conservative treatment is noted to include physical therapy and medication management. The injured worker was evaluated on 09/12/2014 with complaints of right sided neck pain with radiation into the right upper extremity. The current medication regimen includes Motrin. Physical examination revealed limited extension and lateral tilt, normal motor strength, and intact sensation. Treatment recommendations at that time included a cervical spine MRI. There was no Request for Authorization form submitted for this review.

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): page 182 Table 8-8, Chronic Pain Treatment Guidelines MRI. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Neck & Upper Back Procedure Summary last updated 04/14/2014

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. As per the documentation submitted, the injured worker has been previously treated with physical therapy. However, it is unclear whether the physical therapy addressed the cervical spine. There is also no documentation of a significant musculoskeletal or neurological deficit upon physical examination. The medical necessity for the requested imaging study has not been established. As such, the request is not medically necessary.