

Case Number:	CM14-0132841		
Date Assigned:	08/22/2014	Date of Injury:	10/09/2012
Decision Date:	10/22/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/15/2014

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 Nevada. 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 23 year-old female who was reportedly injured on 10/9/2012. The mechanism of injury is noted as a lifting injury while employed as a cook. The most recent progress note, dated 6/19/2014, indicates that there were ongoing complaints of neck and upper extremity pain. Physical examination demonstrated tenderness to paracervical, levator scapulae, medial trapezius and parascapular muscles without torticollis or crepitus; cervical spine range of motion: flexion 30, extension 15, lateral bending 10-15, and rotation 60-65; motor exam 5/5, sensation intact to light touch and deep tendon reflexes 2+ in the upper extremities; tenderness to the right acromioclavicular joint, anterolateral subacromial and lateral deltoid, with positive impingement and supraspinatus signs. Right shoulder x-ray dated 6/19/2014 was negative for fracture, dislocation, subluxation or joint space narrowing. Magnetic resonance images (MRIs) of the left and right shoulders dated 1/23/2014 were unremarkable. Previous treatment includes chiropractic treatment, modified duty, and medications. A request was made for an MRI without contrast of Cervical Spine, which was not certified in the utilization review on 7/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI W/O CONTRAST OF THE CERVICAL SPINE, RIGHT ARM, RIGHT SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

Decision rationale: MTUS/ACOEM practice guidelines support an MRI of the cervical and/or thoracic spine in certain patients with acute and sub-acute red flag conditions, radicular pain syndromes lasting 4 to 6 weeks that are not improving with conservative treatment. However, an MRI is not recommended for evaluation of patients with non-specific cervical or thoracic pain, unless there is a concern of neoplasm, infection, or other neurological illnesses. The claimant complains of neck and shoulder pain after a work-related injury in October 2012. Review of the available medical records fail to document guideline criteria for an MRI of the cervical spine; specifically there is no objective neurological deficits or findings on exam. In addition, there are no recent cervical spine plain radiographs available for review. Given the lack of clinical documentation, this request is not considered medically necessary.