

Case Number:	CM14-0147021		
Date Assigned:	09/15/2014	Date of Injury:	12/31/2009
Decision Date:	11/04/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 53 year old female with an injury date of 12/31/09. Based on the 07/31/14 progress report provided by [REDACTED], the patient complains of continued neck, left shoulder, and left upper extremity pain. She reports neck and diffuse left upper extremity radiating pain worse with activity and rates her pain as a 6/10. The patient's left shoulder abduction is limited to 80 degrees with pain at end range of motion and she has minimal flexion and extension of the neck. She also has moderate depression. The 07/31/14 x-ray of the cervical spine revealed loss of lordosis. The patient's diagnoses include the following: 1. C3-C4 moderate to severe bilateral foraminal narrowing, C4-C5 moderate central and bilateral stenosis, C5-C6 moderate central and severe left and moderate right foraminal narrowing, C6-C7 moderate central and moderate right foraminal narrowing and left upper extremity radiculopathy (no date of MRI provided) 2. Bilateral carpal tunnel syndrome 3. Left trigger thumb 4. Left sided cervical facet syndrome 5. Bilateral upper extremity RSI 6. Reactive depression, anxiety, chronic pain, and coping deficits 7. Status post left shoulder arthroscopic surgery with residuals including supraspinatus tear, biceps tenosynovitis, SLAP tension, adhesive capsulitis, and AC joint inflammation (date of surgery not provided) [REDACTED] is requesting for a cervical MRI. The utilization review determination being challenged is dated 08/11/14. [REDACTED] is the requesting provider, and he provided treatment reports from 03/04/14- 07/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The patient presents with neck, left shoulder, and left upper extremity pain. The request is for cervical MRI to determine if there is a surgical treatment available. The utilization review letter states that the patient had a previous MRI over a year old (no date given) but the results were not documented. ACOEM guidelines chapter 8 pages 177-178 state "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, the patient does not present with significant change in symptoms with no findings suggesting significant pathology. An updated MRI does not appear warranted. The request is not medically necessary.