

Case Number:	CM14-0169840		
Date Assigned:	10/20/2014	Date of Injury:	06/09/2011
Decision Date:	11/20/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/14/2014

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 and Rehabilitation 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:

Medical records reflect the claimant is a 48 year old female who sustained a work injury on 6-9-11. The claimant is status post subacromial decompression, distal clavicle resection on 7-2-14. The claimant had a frozen shoulder post-surgery. Office visit on 9-25-14 notes the claimant has tenderness about the cervical spine and cervicothoracic spine. The claimant had pain with range of motion of the right shoulder. The claimant reported cervical pain rated 6-7/10. The claimant had chiropractic therapy. On exam, the claimant has decreased range of motion at the cervical and lumbar spine as well as shoulder. The claimant had some scapular winging on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical MRI (magnetic resonance imaging): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging (MRI)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) cervical spine disorders - diagnostic investigations - MRI

Decision rationale: ACOEM notes MRI is recommended for patients with: -Acute cervical pain with progressive neurologic deficit; -Significant trauma with no improvement in significantly painful or debilitating symptoms; -A history of neoplasia (cancer); -Multiple neurological abnormalities that span more than one neurological root level -Previous neck surgery with increasing neurologic symptoms; -Fever with severe cervical pain; or -Symptoms or signs of myelopathy. There is an absence in documentation showing radiculopathy on exam. There is no indication to support the suspicion of nerve root compression or pathology. Therefore, the medical necessity of this request is not established.