

Case Number:	CM14-0184054		
Date Assigned:	11/12/2014	Date of Injury:	10/23/2013
Decision Date:	12/15/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/05/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 43 year old male with date of injury of 10/23/2013. A review of the medical records indicates that the patient is undergoing treatment for left shoulder subacromial bursitis and impingement. Subjective complaints include continued pain in the left shoulder with some neck pain. Objective findings include MRI of the left shoulder from 2/2014 showing a partial thickness tear; left shoulder has reduced range of motion; positive subacromial impingement; 4/5 strength. Treatment has included Ibuprofen, Vicodin, Cyclobenzaprine and Hydrocodone. The utilization review dated 10/24/2014 non-certified MRI of the cervical spine.

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 to Objectify Elective Diagnostics Findings Including C5 and C6:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary, Neck and Upper Back Summary, Indications for MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,182. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI)

Decision rationale: ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure". ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. The treating physician has not provided evidence of red flags to meet the criteria listed in the guidelines. As, such the request for MRI of the Cervical Spine to Objectify Elective Diagnostics Findings Including C5 and C6 is not medically necessary.