

Case Number:	CM14-0032347		
Date Assigned:	06/20/2014	Date of Injury:	09/05/2012
Decision Date:	07/23/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/13/2014

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 Pain Medicine, 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:

The injured worker is a 43 year old male who sustained an injury to his neck on 09/05/12. The mechanism of injury was not documented. Physical examination noted guarding without spasms in the bilateral trapezius muscles; tenderness to C5, C6, and C7; decreased range of motion in cervical spine; positive Spurling sign; positive Tinel sign in right elbow; positive Phalen sign in right wrist; positive Neer and Hawkins signs for right shoulder impingement; hypoesthesia at C5 and C6 on the right; and no evidence of antalgic gait. The injured worker continued to complain of neck pain, right arm, elbow, hand, and foot pain. The injured worker was diagnosed with cervical sprain/strain and right shoulder rotator cuff tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Image (MRI) Cervical.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back chapter, Magnetic resonance imaging (MRI).

Decision rationale: The request for an MRI of the cervical spine is not medically necessary. The previous request was denied on the basis that there was no documentation supporting the injured worker has failed a reasonable course of conservative treatment. There were no plain film radiographs of the cervical spine provided for review that were non-diagnostic; furthermore, the injured worker did not present with any evidence of progressive or severe neurological deficits. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional red flags identified. Given this, the request for an MRI of the cervical spine is not indicated as medically necessary.