

Case Number:	CM14-0037082		
Date Assigned:	06/25/2014	Date of Injury:	08/08/2013
Decision Date:	08/14/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/27/2014

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 45 year old male with date of injury of 8/8/2013. A review of the medical records indicate that the patient is undergoing treatment for sprain of the neck, impingement of shoulder, superior glenoid labrum lesion, and degeneration of the cervical intervertebral disc. Subjective complaints include pain in the right shoulder and neck. Objective findings include diminished range of motion of the cervical spine with tenderness to palpation, and decreased rotation of the neck. The right shoulder is also weak upon physical exam and there is objective evidence of shoulder impingement. Treatment has included physical therapy, a home exercise program, and Naproxen, Flexeril, and Protonix. The utilization review dated 2/28/2014 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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS 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 Procedure Summary.

Decision rationale: ACOEM guidelines note that criteria for ordering imaging studies include 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. The submitted medical records do not indicate that the employee is being considered for an invasive procedure and do not demonstrate failure to progress in a strengthening program. Guidelines do not support MRI of the cervical spine in this case. The request for MRI of the cervical spine is not medically necessary and appropriate.