

Case Number:	CM14-0040111		
Date Assigned:	06/27/2014	Date of Injury:	09/02/2005
Decision Date:	08/18/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/05/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 60 year-old female who was reportedly injured on 9/2/2005. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 1/6/2014. Indicates that there are ongoing complaints of neck, left shoulder pain, and pain rating in both arms with associated numbness and tingling. The physical examination demonstrated cervical spine: positive tenderness to palpation over the paraspinal region, with spasms present. The patient has limited range of motion. The left shoulder has positive tenderness to palpation over the anterior/lateral and posterior/superior aspects of the shoulder. The patient also has limited range of motion and positive impingement. The Right shoulder has positive tenderness to palpation over the anterior/lateral and posterior/superior aspects of the shoulder and limited range of motion. The patient is positive for impingement and drop arm test is positive. Neurologic exam of bilateral upper extremities is unremarkable. Lumbar spine has positive tenderness to palpation over the paraspinal region with spasms present. The patient has limited range of motion. Positive straight leg raise bilaterally at 60 both sitting and supine. Sacroiliac strength testing is positive. Sensation is decreased to light touch pinprick in both lower extremities. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, injections, physical therapy, and medications. A request was made for MRI of the cervical spine and was not granted in the pre-authorization process on 3/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 182.

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

Decision rationale: The ACOEM Guidelines support the use of MRIs for patients with the following, 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. After reviewing the medical records there was no objective clinical findings on physical exam that elicited a red flag as listed above. Therefore, this request is not medically necessary.