

Case Number:	CM14-0040577		
Date Assigned:	06/20/2014	Date of Injury:	08/16/2012
Decision Date:	07/21/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 California. 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 49 year old female who reported an injury on 08/16/2012 when she was pushing/pulling a cart at work. The injured worker was diagnosed with cervical musculoligamentous injury, cervical radiculopathy, left shoulder derangement, left shoulder myoligamentous injury, right shoulder derangement, and left shoulder myoligamentous injury. Upon examination, the physician assessed no bruising, edema, atrophy or lesions. There was +3 tenderness to palpitation of the cervical paravertebral muscles along with spasms. Cervical compression causes pain bilaterally described by the injured worker as moderate achy neck pain radiating to the shoulders. The physician prescribed Orphenadrine, acetaminophen and nabumetone and initiated conservative care which included 24 physical therapy visits. The injured worker was cleared to return to work under modified conditions starting 08/18/2012. These modifications were no overhead work, limit stooping and bending, limit pulling or pushing to 10 pounds and she must wear a back support. The physician would like an MRI of the cervical spine. However, the request for authorization and rationale for the request were not provided within the available records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Magnetic Resonance Imaging (MRI).

Decision rationale: The request for MRI of the cervical spine is non-certified. The injured worker has received conservative care including 24 sessions of physical therapy. The physician has not reported any improvement or decline following the physical therapy. Under CA MTUS neck and back MRI guidelines, a cervical spine MRI is not recommended for acute regional neck pain, nor is it indicated before four to six weeks in absence of red flags. ODG guidelines for MRI of the neck state the cervical spine MRI is 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 injured worker's physician has only reported tenderness to paravertebral muscles of the cervical spine. No objective or subjective neurological findings were presented by the physician. As such, the request is non-certified.