

Case Number:	CM14-0040793		
Date Assigned:	06/27/2014	Date of Injury:	03/07/2011
Decision Date:	09/08/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 patient is a 54 year old female who was injured on Mrch 7, 2011. The diagnoses are neck pain, bilateral shoulders pain and right carpal tunnel syndrome. The past surgery history is significant for right shoulder surgery on June 21, 2013. In 2011 and 2012, MRI of the cervical spine showed multilevel degenerative disc disease, spondylosis and disc bulges with neural foramina stenosis impinging on left C6 nerve root. An X-Ray of the cervical spine dated January 15, 2014 showed moderate degenerative disc disease C5-C6 with loss of lordosis secondary to muscle spasm per [REDACTED] notes. On March 14, 2014, there were subjective complaints of bilateral shoulder pain with weakness of both hands. The clinical examination report was consistent with normal neurological and motor power findings. There was no change from previous examination reports. A Utilization Review determination was rendered on March 20, 2014 recommending non certification for 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:

Repeat MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines 9792.24.2. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapters. Neck and Upper Back. Pain chapter.

Decision rationale: The Neck and Upper Back Complaints Chapter of the ACOEM Practice Guidelines, the Chronic Pain Medical Treatment Guidelines, and the ODG addressed the use of MRI in the evaluation of chronic neck pain. Additional MRI investigations can be utilized to diagnose causes of progressive neurological dysfunction or to clarify the anatomy prior to invasive procedures. The records indicate that there was no significant change from the 2011, 2012 MRI and the 2014 X-Rays of the cervical spine. There were no interval changes in subjective and objective findings. The presence of any 'red flag' was not indicated. The criteria for repeat MRI of the cervical spine was not met. The request for a repeat MRI of the cervical spine is not medically necessary or appropriate.