

Case Number:	CM14-0062322		
Date Assigned:	07/11/2014	Date of Injury:	09/30/2012
Decision Date:	09/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 55 year old female who is reported to have sustained work related injuries on 09/30/11. On this date, she is reported to have been lifting a box overhead when she subsequently developed pain in the right shoulder, elbow, and neck. Records indicate that the injured worker has been treated with oral medications and physical therapy. The record includes an magnetic resonance image of the lumbar spine dated 07/29/13. This study notes some mild spondylosis within the cervical spine. There was a 5mm perineural cyst in the neuroforamen on the left at the C5-6 level noted to be of questionable clinical significance. The magnetic resonance image of the cervical spine was otherwise considered normal. Records indicate that the injured worker later underwent an electromyogram/nerve conduction velocity on 12/05/13. This study is reported as normal. On 02/25/13, the injured worker underwent a right shoulder arthroscopy with extensive glenohumeral debridement, subacromial bursectomy, subacromial decompression and distal clavicle excision with mini open rotator cuff repair. Postoperatively, she was referred for physical therapy. She is noted to have continued complaints of both cervical and right shoulder pain. The record contains a utilization review determination dated 04/18/14 in which a request for an magnetic resonance image of the cervical spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Magnetic Resonance Imaging (MRI) (RFA 4-11-2014) QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127.

Decision rationale: The request for a magnetic resonance image of the cervical spine is not supported as medically necessary. The available clinical records indicate that the injured worker sustained injuries to the right shoulder, elbow, and neck as a result of lifting a box. The record indicates that the injured worker has undergone a magnetic resonance image of the cervical spine on 07/29/13. A review of this report notes no substantive findings. She subsequently was referred for electromyogram/nerve conduction velocity on 12/05/13. This study was negative and consistent with the relative benign appearance of imaging studies. The record provides no data which establishes that the injured worker is suffering from a progressive neurologic deficit or has sustained a new injury that would warrant a repeat magnetic resonance image of the cervical spine. In the absence of more detailed clinical information, medical necessity of the request has not been established.