

Case Number:	CM14-0064137		
Date Assigned:	09/03/2014	Date of Injury:	09/14/2011
Decision Date:	09/30/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 61 year old female who reported an injury on 09/14/2011 after being hit in the shoulder. The diagnoses included disorder of rotator cuff, cervical and lumbosacral spondylosis, and myofascial pain. Past treatments included physical therapy, hot/cold therapy, TENS unit, home exercise program, corticosteroid injection, and medication. Diagnostic studies included x-rays and MRIs of the left shoulder. Surgical history included a left shoulder arthroscopy with subacromial decompression debridement, and biceps tenodesis performed in April 2012. The clinical note dated 04/08/2014 indicated the injured worker complained of increased pain in her neck and shoulders with numbness and tingling in her legs and low back. Physical examination revealed tenderness to palpation at the trapezius, scapular, and rotator cuff muscles. Deep tendon reflexes in the upper extremities were 2+, and sensation was decreased along the L5 distribution and bilaterally at the deltoids. Current medications were not provided. The treatment plan included an upright MRI of the cervical spine; the rationale for request was not provided. The request for authorization form was signed on 04/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Upright MRI cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: The request for an upright MRI of the cervical spine is not medically necessary. The California MTUS/ACOEM states that if physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (MRI for neural or other soft tissue or CT for bony structures). The injured worker complained of increased pain in her neck and shoulders with numbness and tingling in her legs and low back. There is no evidence of neurologic signs or symptoms that were cervical in nature. There is a lack of documentation of a recent trial of conservative care for the cervical spine. Therefore the request for upright MRI of the cervical spine is not recommended.