MAXIMUS Federal Services

Case Number:	CM14-0074069		
Date Assigned:	08/06/2014	Date of Injury:	08/10/2012
Decision Date:	10/08/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/21/2014

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 08/10/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 04/22/2014 indicated a diagnosis of shoulder pain and impingement syndrome. The injured worker reported right shoulder pain that radiated into the right elbow and hand. The injured worker reported she had completed therapy. The injured worker reported she had been treated conservatively with medication, physical therapy, and cortisone injections. On physical examination of the right shoulder, the range of motion was full and painful, and there was tenderness to palpation over the subacromial arch. The injured worker's treatment plan included request for a TENS unit and an order for an MRI of the cervical spine. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen was not provided within the medical records. The provider submitted a request for MRI of the cervical spine. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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): 177-179.

Decision rationale: The request for MRI of the cervical spine is not medically necessary. The CA MTUS/ACOEM guidelines state physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. There was lack of documentation, including an adequate and complete physical examination of the cervical spine. In addition, there were no indications of red flags. In addition, the provider did not indicate a rationale for the request. Therefore, the request for MRI of the cervical spine is not medically necessary.