

Case Number:	CM14-0084600		
Date Assigned:	07/21/2014	Date of Injury:	08/29/1997
Decision Date:	09/18/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/06/2014

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 Orthopedic Surgery has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 70-year-old female who was injured on 08/29/97. The mechanism of injury is not included. The injured worker complains of pain in the neck and arm pain. The injured worker is diagnosed with cervicalgia, cervical degenerative disc disease and shoulder pain. Of note, the injured worker is status post left shoulder surgery performed on an unspecified date. Treatment has included exercises, hot, cold packs, and injections. The injured worker's active medications as of 05/09/14 include Flexeril, Effexor, Vicodin, Xanax, Lyrica, Voltaren Gel, Lidoderm, Norco, Alprazolam, and Edluar. Most recent clinical note dated 05/09/14 notes trigger points about the trapezius and rhomboids and pain with range of motion. Extension is noted to be 25% reduced. Sensory, motor, and reflex exams are normal. Injections were given "x2 Traps" at this visit. This note indicates no changes on exam of affected areas from previous visit. The next most recent note is dated 11/20/13. This note indicates ultrasound guided injections were given for affected trigger points in the bilateral trapezius. This is a request for a magnetic resonance image of the cervical spine.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: American College of Occupational and Environmental Medicine supports the use of diagnostic imaging when certain criteria are met. Criteria for ordering imaging studies of the cervical spine include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. Records did not reveal evidence of neurological dysfunction or emergence of a red flag. The injured worker's exams have remained unchanged for greater than 6 months. Records do not indicate a surgery is planned for this injured worker. There is no therapy notes submitted for review and there is no indication the injured worker has participated in a physical therapy program in the recent past. Based on the clinical information provided, medical necessity of a magnetic resonance image of the cervical spine is not medically necessary.