

Case Number:	CM14-0089771		
Date Assigned:	07/23/2014	Date of Injury:	12/18/2010
Decision Date:	09/19/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 37 year old female who was injured on 12/18/10 when she was stuck in the shoulder by heavy pots and pans as they fell from overhead. The injured worker complains of neck pain, right shoulder pain, numbness in the right hand and headaches. The injured worker is status post open tenodesis and arthroscopy with subacromial decompression of the right shoulder performed on 12/24/13. The injured worker is diagnosed with cervicgia, headache and right shoulder pain. Treatment has included medications. Records include multiple chiropractic notes which include the injured worker's complaints but do not include treatment notes. These documents reveal the injured worker has visited the chiropractic center approximately once per month starting on 07/09/12; there are 20 total visits noted as of 05/20/14. It is unclear if the injured worker is receiving chiropractic therapy. The injured worker has received x-rays of the cervical spine dated 12/18/10 (date of injury) which reportedly showed no fractures, a cervical spine magnetic resonance image (MRI) dated 05/20/11 which reportedly revealed no evidence of disc herniation or spinal cord/nerve root impingement and an MRI of the cervical spine with 3D reconstruction performed on 04/01/14. Clinical note dated 05/20/14 notes this most recent MRI of the cervical spine showed normal lordosis with no visible neurocompressive lesions. This note states the imaging report noted minimal left C2-3 foraminal stenosis. Physical examination on 05/20/14 revealed moderately diminished range of motion of the cervical spine with no muscle spasm noted. Muscle strength of the bilateral upper extremities was noted as normal except for the right shoulder distal muscle due to inability to stabilize the shoulder girdle. Upper extremity sensation and reflexes were normal. There were no imaging studies of the cervical spine submitted for review. This is a request for a computed tomography of the cervical spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computed Tomography (CT) of the Cervical Spine without Contrast: 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): 177-178.

Decision rationale: Records do not indicate a cervical surgery is intended, does not include treatment notes and do not indicate the injured worker has failed to progress in a strengthening program. The submitted physical examinations note decreased range of motion but do not include objective findings which suggest neurologic dysfunction. There are no red flags noted in the clinical information provided. The injured worker has previously received x-rays and magnetic resonance images of the cervical spine. There is no indication the injured worker has demonstrated a significant change in symptoms or worsening of condition that would warrant additional imaging. Based on the information submitted for review, Computed Tomography (CT) of the Cervical Spine without Contrast is not medically necessary.