

Case Number:	CM14-0091216		
Date Assigned:	08/04/2014	Date of Injury:	03/15/2013
Decision Date:	10/30/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for neck pain reportedly associated with an industrial injury of March 15, 2013. The applicant is a represented [REDACTED] factory employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 15, 2013. Thus far the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; earlier shoulder surgery; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated May 29, 2014, the claims administrator denied a request for cervical MRI imaging. In an operative report dated January 17, 2014, the applicant underwent a left shoulder diagnostic arthroscopy, partial synovectomy, glenoid chondroplasty, and arthroscopic subacromial decompression surgery with placement of a pain pump. The applicant was placed off of work, on total temporary disability, via a progress note dated January 30, 2014, it was noted. In a February 27, 2014 progress note, the applicant reported persistent complaints of left shoulder pain status post left shoulder surgery on January 17, 2014. Limited shoulder range of motion was noted. Weakness about the arms is reported. The applicant was placed off of work, on total temporary disability. The attending provider suggested MRI imaging of the cervical spine to determine whether or not the applicant was a surgical candidate. It was stated that the applicant should also concurrently undergo electrodiagnostic testing to determine whether or not the applicant had an entrapment neuropathy versus radiculopathy versus a peripheral neuropathy. It was then stated that the applicant also had spasm, tenderness, and guarding about the paracervical musculature in another section of the report. Limited shoulder range of motion was noted.

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 without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 8-8 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend cervical MRI imaging, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the history and physical exam findings are far from clear. The applicant was described on the February 27, 2014 office visit in question as having a variety of personal, familial, muscular, and shoulder pain complaints in addition to various upper extremity complaints. The applicant had issues with muscle spasms, anxiety, depression, shoulder pain, muscle spasms, etc., in addition to the reportedly decreased sensorium noted about the upper extremities. The clinical presentation and clinical picture, in short, were not clearly evocative or suggestive of a cervical radicular process. The request, furthermore, was initiated some one month after the date the applicant underwent recent shoulder surgery, again making likely that some of the applicant's symptoms represented referred shoulder pain complaints. For all of the stated reasons, then, the request is not medically necessary.