

Case Number:	CM14-0094659		
Date Assigned:	07/25/2014	Date of Injury:	10/01/2010
Decision Date:	10/02/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/20/2014

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 Nevada. 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 35-year-old female who was reportedly injured on October 1, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 16, 2014, indicates that there are ongoing complaints of neck pain, low back pain, and right shoulder pain. Current medications include naproxen, Neurontin, Pepcid and Zanaflex. The physical examination demonstrated a loss of lordosis and tenderness over the paravertebral muscles with spasms. There was also tenderness over the rhomboid and trapezius. A soft tissue mass was identify just below C7. Examination of the lumbar spine also reveals a loss of lordosis and tenderness over the paravertebral muscles. There was also tenderness at the right side sacroiliac joint. Examination of the right shoulder reveals full range of motion and a negative Hawkins test, Neer's test, and speed's test. There was tenderness over the periscapular muscles and the rhomboids. Multiple trigger points were identified at the right upper back. Diagnostic imaging studies were not reviewed during this visit. Previous treatment was not discussed. A request was made for a magnetic resonance image the cervical spine and was not certified in the pre-authorization process on May 19, 2014.

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: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, MRI, Updated August 4, 2014.

Decision rationale: The progress note dated April 16, 2014, indicates the findings of a soft tissue mass just below the spinous process of C7 measuring 3 cm x 3 cm. A magnetic resonance image (MRI) was requested to identify the soft tissue mass. Considering this, the request for an MRI of the cervical spine is medically necessary.