

Case Number:	CM14-0019248		
Date Assigned:	04/21/2014	Date of Injury:	12/18/2013
Decision Date:	02/28/2015	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43 year old female sustained work related industrial injuries on December 18, 2013 while working as a dishwasher. The mechanism of injury involved moving a large garbage can. The injured worker reported that her right arm and shoulder popped and her middle back had a lot of pain. She subsequently complained of shoulder pain, back pain and neck pain. Treatment consisted of radiographic imaging, prescribed medications, physical therapy session, consultation and periodic follow up visits. Per treating provider report dated January 10, 2014, the injured worker reported intermittent right shoulder pain exacerbated by movement. The injured worker also complained of neck and back pain described as constant, dull and severe. Physical exam for cervical spine revealed no loss of cervical lordosis. There was no neck stiffness or splinting. Posterior cervical tenderness was noted. Cervical compression test for nerve root was positive on the right. The injured worker's diagnoses include sprain/strain of the rotator cuff capsule right, thoracic sprain/strain, cervical sprain/strain, lumbar sprain/strain and sacrum sprain/strain. As of January 10, 2014, the injured worker remains on modified duty. The treating physician prescribed services for MRI of the cervical spine to rule out cervical radiculopathy now under review. On January 17, 2014, the Utilization Review (UR) evaluated the prescription for MRI of cervical spine requested on January 10, 2014. Upon review of the clinical information, UR non-certified the request for MRI of cervical spine, noting the lack of clinical documentation to support medical necessity according to the recommendations of the MTUS Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: criteria for ordering imaging studies are: emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. There was a positive nerve root compression test on the right but no other evidence of tissue insult or neurologic dysfunction on exam. There is no planned invasive procedure. Therefore criteria have not been met for a MRI of the neck and the request is not certified.