

Case Number:	CM14-0183084		
Date Assigned:	11/07/2014	Date of Injury:	03/29/2011
Decision Date:	05/19/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 53 year old female injured worker suffered an industrial injury on 3/29/2011. The diagnoses were cervical spine strain, rule out cervical disc pathology and radiculopathy. The treatments were right shoulder arthroscopy, physical therapy, and acupuncture. The treating provider reported cervical spine pain that is constant and aching in the neck along with numbness and tingling radiation to the right upper extremity. She also had frequent headaches. There is stiffness in the neck, which worsened with movement. The right shoulder had constant pain that is throbbing and sharp. She also has severe stiffness. The left shoulder has constant aching and burning. The right and left hand/wrist has constant pain that is aching and sharp with numbness and tingling. There was tenderness of the cervical muscles. The requested treatment was MRI Cervical Spine.

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 Chronic Pain Treatment Guidelines.

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

Decision rationale: According to MTUS guidelines, MRI of the cervical spine is recommended if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. There is no clinical evidence of anatomical defect or nerve compromise in this case. Therefore, the request for an MRI of cervical spine is not medically necessary.