

Case Number:	CM14-0192530		
Date Assigned:	11/26/2014	Date of Injury:	06/20/2011
Decision Date:	01/12/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 55 year old female who was injured on 6/20/2011. She was diagnosed with musculoligamentous sprain/strain and left shoulder joint disease. She was treated with medications, physical therapy, trigger point injection, and acupuncture. An MRI of the cervical spine was performed in 2013, reportedly, however there was no report included in the documents provided for review. Physical examination from 5/13/14 by her qualified medical re-evaluator showed tenderness of the cervical paraspinal muscles and negative provocative spinal testing. On 6/19/2014, the worker was seen by her primary treating physician complaining of constant cervical spine pain rated 8/10 on the pain scale with associated radiation and numbness to both hands but primarily pain in the left and right shoulders. On 9/4/14, the worker was seen again by her primary treating physician reporting severe neck pain with sharp pins and needles sensation with aggravation of pain with left and right bending of the neck. Physical examination findings included tenderness of the cervical spine and upper back with muscle spasm and near normal range of motion of the cervical spine. She was then recommended medications and MRI of the 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 ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 08/04/14)

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

Decision rationale: The MTUS and ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering an MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was insufficient documented objective evidence from physical examination findings to suggest cervical radiculopathy was contributing to her reported symptoms, which appear to be mostly due to her shoulder and upper back conditions. Also, there was no evidence to suggest any red flag diagnoses, which might have justified a request for imaging. Therefore, the cervical MRI does not appear to be warranted or medically necessary.