

Case Number:	CM14-0193319		
Date Assigned:	12/01/2014	Date of Injury:	07/26/2013
Decision Date:	01/13/2015	UR Denial Date:	10/28/2014
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 North Carolina. 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 patient is a 29-year-old with a reported date of injury of 07/26/2013. The patient has the diagnoses of status post shoulder surgery and left sided neck, trapezius and medial arm pain. Per the most recent progress reports provided for review from the treating physician dated 10/01/2014, the patient had pain radiating from the neck down the left arm. The patient had undergone shoulder surgery in 07/2014 and the shoulder pain had improved. The physical exam noted radiating pain into the trapezius muscles with cervical neck motion. Treatment plan recommendations included physical therapy for the neck, trapezius and medial arm.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI

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. Therefore criteria have not been met for a MRI of the neck and the request is not medically necessary.