

Case Number:	CM14-0207198		
Date Assigned:	12/19/2014	Date of Injury:	12/05/2010
Decision Date:	04/17/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/10/2014

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: Texas, California
 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 is a 61-year-old male patient who sustained a work-related right shoulder and neck injuries on 12/5/2010. The diagnoses include radiculitis-shoulder, shoulder sprain/strain and cervical sprain/strain. He sustained the injury when he tripped and fell on to his right shoulder. Per the doctor's note dated 10/29/2014, he had complaints of neck pain without radiation and with some tingling and numbness at the tips of 1st and 2nd fingers. The physical examination of the cervical spine revealed no tenderness, restricted range of motion, normal strength, sensation and reflexes in bilateral upper extremities; negative Spurling's sign and mildly positive Tinel's at both elbow and left wrist. The current medications list is not specified in the records provided. He has had right shoulder MRI on 7/25/2011 and 1/4/2012; cervical MRI dated 1/4/2012 which revealed multilevel disc protrusion with degenerative changes. Previous treatments include cold and heat application, medications, TENS, chiropractic care, acupuncture, physical therapy and home exercise. The Utilization Review on 11/14/2014 non-certified an MRI of the cervical spine, citing CA MTUS Chronic Pain Medical Treatment Guidelines, ACOEM and ODG.

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: 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): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 11/18/14)Magnetic resonance imaging (MRI).

Decision rationale: Request: MRI of the cervical spine. Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." Patient does not have any evidence of severe or progressive neurologic deficits that are specified in the records provided. He has had right shoulder MRI on 7/25/2011 and 1/4/2012; cervical MRI dated 1/4/2012 which revealed multilevel disc protrusion with degenerative changes. Per ODG neck/ upper back guidelines cited below "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." Significant change in signs or symptoms since previous cervical MRI that would require a repeat cervical spine MRI is not specified in the records provided. Response to prior conservative therapy for this injury is not specified in the records provided. Per the records provided, patient does not have any evidence of red flag signs such as possible fracture, infection, tumor or significant neurocompression. The medical necessity of MRI of the cervical spine is not fully established in this patient at this time.