

Case Number:	CM14-0218940		
Date Assigned:	01/09/2015	Date of Injury:	08/02/2011
Decision Date:	03/16/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/30/2014

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: California
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 29 year old female who sustained an industrial injury on 08/02/2011. She experienced injuries to the right shoulder. The diagnoses included cervical pain, rule out cervical disc protrusion, rule out cervical radiculitis versus radiculopathy, and rule out right shoulder internal derangement. Treatment to date has included epidural steroid injections, physical therapy, acupuncture, chiropractic treatment and medications. Currently, the IW complains of consistent moderate achy, stabbing, throbbing right shoulder pain. There was tenderness to palpation of the cervical spine. Cervical compression caused pain. She continues with medication and does receive some relief with it. Cervical spine MRI was requested. 11/25/2014 Utilization Review non-certified a request for cervical MRI, noting the MRI had been previously completed to evaluate the complaints of pain related to routine work. There are no documented changes in the examination that would require repeating them. ACOEM Guidelines were cited. On 12/30/2014 the injured worker submitted an application for IMR for review of cervical MRI.

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 9 Shoulder Complaints. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter on Cervical & Thoracic Spine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints, pgs 177-178 recommends MRI of the cervical spine when there is a red flag, evidence of tissue insult or neurologic dysfunction. In this case the cited records of this 29 year old claimant do not demonstrate any of these conditions that would warrant an MRI of the cervical spine. Therefore determination is for non-certification.