

Case Number:	CM15-0003481		
Date Assigned:	01/15/2015	Date of Injury:	12/08/2004
Decision Date:	03/23/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/07/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female who reported an injury on 12/08/2004. On 12/12/2014, she presented for an office visit. She reported pain in the left shoulder. It was noted to be status post decompression in 11/2005. She also reported right shoulder pain that was noted to be status post right shoulder surgery, as well. She reported that she was doing reasonably well with her home exercise program and stated that she had experienced increased neck pain radiating into the bilateral shoulders. A physical examination showed no spinous process tenderness, a plus minus Spurling's radiating into the left shoulder. She had mild bilateral paraspinous muscle tenderness with no spasm. The bilateral shoulders showed full range of motion with mild impingement and painful arc and 5/5 rotator cuff testing. She was diagnosed with increased cervicalgia probably radiculopathy, adhesive capsulitis of the shoulder, and other affections of the shoulder region. The treatment plan was for an MRI of the cervical spine. The rationale for treatment was to evaluate the injured worker's symptoms.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC 2014, Low Back-Lumbar & Thoracic (Acute & Chronic); Procedure Summary; MRI.

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

Decision rationale: According to the California ACOEM Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in those who do not respond to treatment. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the low cervical spine. However, there is a lack of documentation showing that she has undergone any recommended conservative treatment towards her neck symptoms to support the request for an MRI of the cervical spine. Also, there is a lack of documentation indicating that she has any neurological deficits to support the request. Therefore, the request is supported. As such, the request is not medically necessary.