

Case Number:	CM15-0003634		
Date Assigned:	01/14/2015	Date of Injury:	07/25/2013
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
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
 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:

The injured worker is a 51 year old male who sustained an industrial injury on July 25, 2013. He has reported an overturned motor vehicle accident with pain in the neck and shoulder and lower back. The diagnoses have included rotator cuff tear and cervical sprain/strain. Treatment to date has included rotator cuff repair, physical therapy, medication management and chiropractic care. Currently, the injured worker complains of continued neck and shoulder pain. Treatment plan included magnetic resonance imaging of the right shoulder and cervical spine. The medical records indicate a cervical magnetic resonance imaging report dated 7/16/14 with the following impression (1) Degenerative changes in the cervical spine (2) Mild left neural foraminal narrowing at the C3-4 level, where there is a 1 mm broad based posterior disc osteophyte complex and left uncoverterabral hypertrophy (3) 2mm broad based posterior disc osteophyte complex at the C4-5 level (4) 1-2 mm broad central protrusion at the C5-6 level (5) 2 mm left paracentral protrusion at the C6-7 level. Electrodiagnostic studies were performed on 7/14/14 and revealed very mild left median neuropathy. The injured worker was seen on 12/5/14 at which time examination revealed full cervical range of motion except for pain at endpoint of rotation and lateral bending. On n 12/16/2014, Utilization Review non-certified a magnetic resonance imaging of the cervical spine, noting the lack of medical necessity. The ACOEM Guidelines were cited.

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, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Per the ACOEM guidelines, criteria for ordering an MRI of the cervical spine include emergence of a red flag, physiologic evidence of tissue insult or nerve impairment, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The medical records do not establish clinical signs consistent with a focal neurologic deficit in a dermatomal or myotomal pattern to cause concern for cervical radiculopathy. Furthermore, the injured worker has undergone prior magnetic resonance imaging of the cervical spine. The injured worker has also undergone electrodiagnostic studies in which there was no indication of cervical radiculopathy. Without evidence of cervical nerve root compromise or other red flag findings, proceeding with a cervical spine MRI is not indicated. The request for MRI of the cervical spine without contrast, outpatient is not medically necessary.