MAXIMUS Federal Services

Case Number:	CM15-0003798		
Date Assigned:	01/14/2015	Date of Injury:	10/14/2014
Decision Date:	03/23/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/08/2015

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 40-year-old male who reported an injury on10/14/2014. The mechanism of injury was due to repetitive movements from left to right doing his customary job as a sander. The injured worker has a diagnosis of strain/sprain of the cervical spine, clinical evidence of radiculopathy of the right upper extremity, strain/sprain of the right shoulder involving the AC joint and subacromial bursa. Past medical treatments consist of physical therapy, injections and medication therapy. Medications include Motrin 800 mg and Tylenol with codeine. X-ray of the right shoulder obtained on 10/14/2014 showed no abnormalities. Findings were within normal limits. On 12/09/2014, the injured worker complained of neck, right shoulder and right thumb pain. Physical examination noted that gait was normal. Examination of the cervical spine revealed tenderness of the right sided paraspinal muscles. There was a negative cervical compression test. Extension of the cervical spine in forced left sided rotation increased numbness to the right thumb. Range of motion of flexion was 50 degrees, extension 55 degrees. Lateral bending was 40 degrees bilaterally. Rotation was 50 degrees bilaterally with pain. Medical treatment plan was for the injured worker to undergo an MRI of the cervical spine. Rationale and request for authorization form were not submitted for review.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 117-179.

Decision rationale: The request for MRI of the cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines state that consideration for special studies and diagnostic testing include emergence of red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and/or for clarification of anatomy prior to an invasive procedure. The submitted documentation did not indicate any evidence of an emergence of red flag, nor was there any physiologic evidence of tissue insult or neurologic dysfunction on physical examination. Additionally, there was no evidence submitted for review indicating that the injured worker had failed to progress in a strengthening program. Given the above, the injured worker is not within the California MTUS/ACOEM recommended guidelines. As such, the request is not medically necessary.