

Case Number:	CM15-0130371		
Date Assigned:	07/16/2015	Date of Injury:	04/03/2008
Decision Date:	08/12/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/06/2015

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: Preventive Medicine, Occupational Medicine

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 53 year old male who sustained an industrial injury on April 3, 2008. He has reported injury to the right neck, shoulder, and arm and has been diagnosed with right neck, shoulder girdle, and arm pain with paresthesias and possible cervical radiculopathy with possible rotator cuff tendonitis. Treatment has included medications, physical therapy, injections, and rest. He was tender to palpation diffusely along the right neck and shoulder girdle. He grimaced in pain upon palpation. He rotated his neck to the left 70 degrees and to the right approximately 10 degrees and he grimaced with pain. He had full flexion over the left shoulder. He flexed the right shoulder to approximately 80 to 90 degrees and then grimaced in pain. Sensation was decreased diffusely along the right arm including the C5, C6, and C7 dermatomes. Supraspinatus sign was negative over the right shoulder. The treatment request included a MRI of the neck cervical without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the neck/cervical without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178, 182.

Decision rationale: The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following criteria for ordering imaging studies: 1. Emergence of a red flag, 2. Physiologic evidence of tissue insult or neurologic dysfunction, 3. Failure to progress in a strengthening program intended to avoid surgery, 4. Clarification of the anatomy prior to an invasive procedure. There is no documentation of any of the above criteria supporting a recommendation of a cervical MRI. The hypoesthesia on the right at C5, C6, and C7 is apparently not a new finding. MRI of the neck/cervical without contrast is not medically necessary.