

Case Number:	CM15-0130531		
Date Assigned:	07/17/2015	Date of Injury:	10/22/2001
Decision Date:	08/14/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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

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 50 year old female, who sustained an industrial injury on 10/22/2001. She has reported injury to the neck and right shoulder. The diagnoses have included musculoligamentous sprain cervical spine; strain right shoulder, status post surgery; right shoulder joint pain; right superior labrum anterior and posterior tear; status post right shoulder arthroscopy, on 08/14/2013; and status post right shoulder arthroscopic biceps tenodesis, subacromial decompression, on 02/11/2015. Treatment to date has included medications, diagnostics, ice, bracing, injections, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Soma, Tramadol 20% Cream, and Gabapentin 10% Cream. A progress report from the treating physician, dated 05/07/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continuing to be symptomatic with pain and stiffness to her neck. On a visit dated 04/07/2015, the injured worker reported that she is having pain with physical therapy treatments. Objective findings included right shoulder, C3-C6 with zero improvement upon examination. The treatment plan has included the request for MRI of cervical.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of cervical: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck/Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not address the issue of repeat MRI studies of the cervical spine. ODG Guidelines do address this issue. This individual has had a prior cervical MRI which was normal for this individual's age. A repeat MRI is not Guideline supported unless there is a significant and persistent change in symptoms. This Guideline criteria was not met. Increased neck pain was reported, but orthopedic specialty evaluations noted that there were no changes in neurologic status and no concerns of acute cervical problems. It is also documented that physical therapy was improving the pain levels. The medical necessity of a repeat MRI of the cervical spine is not evident in the records reviewed and is/was not supported by Guidelines. The request is not medically necessary.