

Case Number:	CM15-0139888		
Date Assigned:	07/29/2015	Date of Injury:	10/29/2013
Decision Date:	08/27/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, Illinois
 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 60 year old female, who sustained an industrial injury on 10-29-2013, secondary to repetitive motion resulting in back and bilateral upper extremities injury. On Doctor's First Report of Occupational Injury or Illness dated 05-18-2015 the injured worker has reported neck pain, back pain, shoulder pain, weakness in wrist, forearms and fingers throbbing, prickling and numbness. Examination revealed limited information. The diagnoses have included displaced cervical intervertebral disc and pain in joint shoulders. Treatment to date has included medication and surgical intervention of arthroscopic shaving and debridement left shoulder and arthroscopic subacromial decompression on 12-30-2014. The provider requested MRI cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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), Neck & Upper Back - MRI.

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

Decision rationale: The injured worker sustained a work related injury on 10-29-2013. The medical records provided indicate the diagnosis of displaced cervical intervertebral disc and pain in joint shoulders. Treatment to date has included medication and surgical intervention of arthroscopic shaving and debridement left shoulder and arthroscopic subacromial decompression on 12-30-2014. The medical records provided for review do not indicate a medical necessity for MRI cervical spine. The medical records indicate this case does meet any of the criterion required by the MTUS for cervical imaging. These are: 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