

Case Number:	CM15-0148152		
Date Assigned:	08/11/2015	Date of Injury:	11/08/2014
Decision Date:	09/09/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/30/2015

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 57-year-old female who sustained an industrial injury on 11-08-14. She reported neck, bilateral shoulder, and low back pain status post fall. Initial diagnoses are not available. Current diagnoses include cervical spine sprain-strain, bilateral carpal tunnel syndrome, and bilateral shoulder derangement, and thoracic spine sprain-strain, lumbar spine sprain-strain rule out facet syndrome, coccyx fracture, and costochondritis. Diagnostic testing and treatment to date has included x-rays, MRI of the lumbar spine and sacrum-coccyx, acupuncture, steroid medication, and physical therapy. Currently, the injured worker complains of constant cervical spine pain that radiates to bilateral shoulders, constant, sharp, and stabbing bilateral shoulder pain, bilateral hand pain with numbness, constant upper back pain, constant localized low back pain, and nightly chest pain with lying on either side. In a progress note dated 07-02-15, physical examination of the cervical spine is remarkable for cervical spine tenderness with paravertebral muscle spasms bilaterally, with decreased range of motion, and positive shoulder depression on the left. Motor strength of the shoulders is decreased bilaterally, greater on the left with painful and decreased range of motion; Supraspinatus test is positive, and Yergason's test is positive on the left. Requested treatments include MRI of the cervical spine. The injured worker is under temporary total disability. Date of Utilization Review: 07-22-15.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165,177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. The criteria for special studies have not been met in this case. There is no evidence of nerve insult, emergence of a red flag; failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The request for MRI cervical spine is determined to not be medically necessary.