

Case Number:	CM15-0149285		
Date Assigned:	08/12/2015	Date of Injury:	08/12/2013
Decision Date:	09/14/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/31/2015

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: Family Practice

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 59 year old male, who sustained an industrial injury on August 12, 2013. He reported a repetitive injury causing pain in his right neck radiating to the right shoulder with tingling in the right hand. The injured worker was diagnosed as having sprain strain of the right cervical and sprain strain of the right shoulder. Treatment to date has included diagnostic studies, right shoulder surgery, cervical epidural steroid injection and medications. A cervical epidural steroid injection was noted to give him relief for a couple of weeks. On June 29, 2015, the injured worker complained of pain in his neck and right shoulder with weakness, numbness and tingling in the fingers of his right hand. Physical examination of the cervical spine revealed pain in the right side trapezious region. Cervical range of motion was within normal limits. The treatment plan included a referral to an orthopedic surgeon or hand specialist and an MRI of the cervical spine without contrast. On July 15, 2015, Utilization Review non-certified the request for MRI of the cervical spine without contrast, citing California MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the cervical spine without contrast, due to worsened symptoms as a result of more significant stenosis not seen on outdated magnetic resonance imaging (MRI): Upheld

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

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

Decision rationale: This patient receives treatment for chronic neck and shoulder pain with tingling in the right hand. This relates back to an industrial injury date 08/12/2013. This review addresses a request for a cervical spine MRI. The patient's medical diagnoses include R shoulder injury, R carpal tunnel syndrome on EMG, and mild foraminal stenosis of C3-C4 on an MRI dated 01/06/2014. On exam, there is a positive Tinnel's sign on the right, motor sensory, and reflex exams of the upper extremities are normal. An MRI of the cervical spine may be medically indicated to evaluate neurologic deficits that require further evaluation by imaging to establish an etiology. Specific examples include spinal stenosis, spinal radiculopathy not responding to 6 weeks of conservative therapy, primary or metastatic bone lesions, discitis, or osteomyelitis. In this case, there were no clinical red flags to suggest any of these diagnoses. Another cervical MRI is not medically necessary.