

Case Number:	CM15-0191646		
Date Assigned:	10/05/2015	Date of Injury:	06/29/2014
Decision Date:	11/12/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, 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 06-29-2014. A review of the medical records indicated that the injured worker is undergoing treatment for multi-level degenerative disc disease, cervical disc protrusion, right rotator cuff tear and shoulder impingement syndrome. According to the treating physician's progress report on 09-02- 2015, the injured worker continues to experience constant moderate neck pain radiating to the left shoulder and aggravated by repetitive movement, looking up and prolonged looking down. The injured worker rated his neck pain at 5 out of 10 on the pain scale. The injured worker also reported right shoulder pain radiating to the right arm and hand associated with numbness and rated at 3 out of 10 on the pain scale. Examination of the cervical spine demonstrated range of motion as flexion at 40 degrees, extension at 50 degrees, bilateral lateral bending at 40 degrees each and bilateral rotation at 75 degrees each. Cervical compression causes pain and foraminal compression causes pain on the right. The right shoulder was noted to have decreased range of motion with positive supraspinatus press test. A cervical spine magnetic resonance imaging (MRI) (no documented test date) was interpreted within the agreed medical evaluation record dated 08-12-2015. Prior treatments have included diagnostic testing, acupuncture therapy, physical therapy and medications. Current medications were listed as Ibuprofen, aspirin, Omeprazole and topical analgesic creams. Treatment plan consists of pain management authorization for the cervical spine, orthopedic evaluation for the right shoulder and the current request on 09-02-2015 for open air magnetic resonance imaging (MRI) of the cervical spine due to injured workers anxiety in closed places. On 09-23-2015 the Utilization Review determined the request for open air magnetic resonance imaging (MRI) of the cervical spine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open air MRI for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The neck exam had pain with compression but no neurological abnormalities were noted. Prior undated MRI results indicated multi-level disc bulging and degenerative changes. The request for another MRI of the cervical spine is not medically necessary.