

Case Number:	CM15-0196563		
Date Assigned:	10/12/2015	Date of Injury:	07/29/2014
Decision Date:	11/20/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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: Washington, 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 45 year old male who sustained an industrial injury 07-29-14. A review of the medical records reveals the injured worker is undergoing treatment for cervical and thoracic spine strain and right shoulder strain. Prior treatment included medications. The injured worker underwent a MR Arthrogram of the right shoulder on 07-27-15, which showed a complete tear of the subscapularis tendon. Medical records on 09-02-15 reported the injured worker complained of neck, upper back and right shoulder and arm pain, although the severity of the pain was not rated. The physical exam revealed light touch sensation intact to the right lateral shoulder, right dorsal thumb web, and right index tip and right small tip. The plan included electrodiagnostic studies of the upper extremities, MRIs of the cervical, thoracic and lumbar spines. The original utilization review on 09-25-15, non-certified the request for a MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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): Special Studies, Surgical Considerations, Summary. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for the Imaging of Chronic Neck Pain, Revised 2013.

Decision rationale: Magnetic Resonance Imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. It is used to assess the body by clarifying the anatomy of the region tested. It can identify acute injuries (e.g. fractures, dislocations, infections), mechanical injuries (ligament or tendon strains), degenerative disorders (arthritis, tendinitis) or masses, tumors or cysts. It does not show function, only anatomy. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies or Sensory Evoked Potentials (if the provider is wanting to exclude the diagnoses of spinal stenosis or spinal cord myelopathy) are recommended before having a MRI done. This patient has vague symptomatology suggestive of cervical disc disease, cervical osteoarthritis or chronic neck musculoskeletal inflammation. However, the documented examination is very non-specific for support of a diagnosis of nerve compromise. Conservative treatment has not resolved the symptoms. Electrodiagnostic exams should be considered before proceeding to a cervical MRI. Considering all the above information, medical necessity for a cervical MRI has not been established. The request is not medically necessary.