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| Case Number: | CM15-0199322 | | |
| Date Assigned: | 10/14/2015 | Date of Injury: | 09/06/2013 |
| Decision Date: | 11/23/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 10/09/2015 |

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: Emergency 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 35 year old female, who sustained an industrial injury on 9-9-2013. The injured worker is undergoing treatment for cervicgia, pain in joint and pain in thoracic spine. Medical records dated 9-4-2015 indicate the injured worker complains of neck, left shoulder and thoracic pain. She reports her shoulder is not getting better. Shoulder pain on 5-29-2015 is rated 9 out of 10 and on 7-24-2015 is rated 7 out of 10. The treating physician does not indicate any pain scale on the 9-4-2015 visit. Physical exam dated 9-4-2015 notes "severe tenderness" along the cervical paraspinal with "signs of cervical foraminal compression" and decreased range of motion (ROM). There is bilateral shoulder tenderness and left shoulder swelling decreased range of motion (ROM) due to "severe" shoulder pain. Treatment to date has included home exercise program (HEP), heat-cold, Norco, Flexeril, naproxen and labs. The original utilization review dated 9-14-2015 indicates the request for magnetic resonance imaging (MRI) of the cervical spine is non-certified.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

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

Decision rationale: The requested Magnetic resonance imaging (MRI) of the cervical spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has neck, left shoulder and thoracic pain. She reports her shoulder is not getting better. Shoulder pain on 5-29-2015 is rated 9 out of 10 and on 7-24-2015 is rated 7 out of 10. The treating physician does not indicate any pain scale on the 9-4-2015 visit. Physical exam dated 9-4-2015 notes "severe tenderness" along the cervical paraspinal with "signs of cervical foraminal compression" and decreased range of motion (ROM). There is bilateral shoulder tenderness and left shoulder swelling decreased range of motion (ROM) due to "severe" shoulder pain. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, Magnetic resonance imaging (MRI) of the cervical spine is not medically necessary.