Case Number:	CM15-0199519		
Date Assigned:	10/14/2015	**Date of Injury:**	06/09/2011
Decision Date:	11/24/2015	**UR Denial Date:**	09/28/2015
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: 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 60 year old male who sustained an industrial injury on 06-09-2011. A review of the medical records indicated that the injured worker is undergoing treatment for cervical sprain and strain, shoulder impingement and lateral epicondylitis. The injured worker underwent left shoulder arthroscopy (no date documented). According to the treating physician's progress report on 08-07-2015, the injured worker continues to experience chronic cervical and lumbar spine pain and post-operative left shoulder pain. The injured worker rated his pain level 6 out of 10 without medications and 3-4 out of 10 on the pain scale with Norco and Tramadol. Examination of the cervical spine demonstrated tenderness and spasm over the paravertebral muscles of the cervical and lumbar spine with increased range of motion on flexion and extension. According to the primary treating physician report on 08-04-2015, the injured worker remained symptomatic with neck pain and had a cervical spine magnetic resonance imaging (MRI) performed by his private doctor. The cervical spine magnetic resonance imaging (MRI) performed on 07-29-2015 with official report was included in the review. Prior treatments have included diagnostic testing, physical therapy, home exercise program and medications. Current medications were listed as Percocet, Tramadol and topical analgesics. Treatment plan consists of continuing medications, home exercise program and the current request for a cervical spine magnetic resonance imaging (MRI). On 09-28-2015 the Utilization Review determined the request for cervical spine magnetic resonance imaging (MRI) was not medically necessary.

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 (non-contrast): Upheld

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

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

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies include the emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, there is no evidence, in the available documentation, of nerve insult, failure to progress in a strengthening program, emergence of a red flag or a need to clarify anatomy. Additionally, the injured worker had a cervical MRI performed by his private physician in July, 2015, therefore, the request for MRI of the cervical spine (non-contrast) is determined to not be medically necessary.