

Case Number:	CM15-0205480		
Date Assigned:	10/22/2015	Date of Injury:	08/05/2014
Decision Date:	12/04/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/20/2015

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: North Carolina, Georgia
 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:

This is a 27-year-old female with a date of industrial injury 8-5-2014. The medical records indicated the injured worker (IW) was treated for repetitive strain injury; myofascial pain syndrome; left shoulder strain; left wrist strain; and possible neuropathy. In the progress notes (7-9-15, 7-23-15, 8-13-15), the IW reported constant neck pain with associated headaches. On examination (7-23-15, 8-13-15 notes), there were spasms and trigger points noted in the cervical spine with tenderness. Deep tendon reflexes were 2 out of 2, motor strength was 5 out of 5, and grip strength was 5 out of 5. Tenderness and swelling was present in the left shoulder and left wrist. Range of motion was full, reflexes were 2 out of 2, motor strength was 5- out of 5 and sensation was intact. Treatments included Tramadol, Mobic and Flexeril, acupuncture, home exercise and activity modification. Electrodiagnostic testing of the upper extremities on 1-15-15 was normal. The IW was advised to reduce her work hours to four per day and was on modified duty. The IW's complaints of neck pain were unchanged for several months. There was no documentation of any new injury. A Request for Authorization was received for an MRI of the cervical spine. The Utilization Review on 9-23-15 non-certified the request for an 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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ACOEM chapter on neck complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. The medical record does not include any such physical examination findings and no surgical intervention is proposed in the records. Cervical MRI is not medically necessary.