

Case Number:	CM15-0022051		
Date Assigned:	02/11/2015	Date of Injury:	07/23/2013
Decision Date:	03/26/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/05/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 57 year old female, who sustained an industrial injury on 08/04/1980. She has reported the development of pain to the bilateral upper extremities and upper mid and low back secondary to her repetitive job duties. Diagnoses include cervical radiculopathy, lumbosacral radiculopathy, bilateral shoulder tendinitis/bursitis, status post left shoulder surgery, left elbow tendinitis/ bursitis, and bilateral wrist tendinitis/bursitis. Treatment to date has included magnetic resonance imaging of the shoulder and left shoulder surgery. In a progress note dated 11/13/2014 the treating provider reports pain in the neck, bilateral shoulders, and lower back radiating to the upper and lower extremities with numbness and weakness. The treating physician requested a magnetic resonance imaging of the cervical spine to determine if internal derangement is present and for determining if surgery is recommended. On 01/09/2015 Utilization Review non-certified the requested treatment of magnetic resonance imaging of the cervical spine without contrast, noting the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Practice Guidelines, 2nd Edition, 2004: Chapter 8, Table 8-7, Special Studies and Diagnostic Treatment Considerations; Forearm, Wrist, and Hand Complaints, Special Studies and Diagnostic Treatment Considerations.

IMR ISSUES, DECISIONS AND RATIONALES

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

(MRI) Magnetic Resonance Image) Cervical Spine Without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 - 188.

Decision rationale: The date of injury was 08/04/1980. There is no documentation of a recent neck injury or new red flag signs. ACOEM guidelines note that in the absence of red flag signs or new clinical signs or the need for imaging studies because the patient is a surgical candidate, imaging studies are not medically necessary.