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| Case Number: | CM15-0038669 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 12/04/2013 |
| Decision Date: | 04/10/2015 | UR Denial Date: | 02/18/2015 |
| Priority: | Standard | Application Received: | 03/02/2015 |

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
 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:

The injured worker is a 55 year old, female patient, who sustained an industrial injury on 12/04/2013. A primary treating office visit dated 12/05/2014 reported subjective complaint of cervical spine stiffness, pain, right shoulder pain when using right arm. She also has numbness and tingling in the index, and middle finger of the right hand. In addition, the patient complained of radiating pain extending into the right upper extremity. Objective findings showed cervical tenderness and spasm over paravertebral and trapezial musculature, on the right. The right shoulder is with palpable tenderness over the biceps tendon. The right wrist is without tenderness. The following diagnoses are applied; cervical spine musculoligamentous sprain with right upper extremity radiculopathy; right shoulder biceps tendonitis and right wrist tendonitis with possible carpal tunnel syndrome. A request was made for a magnetic resonance imaging of cervical spine. On 02/18/2015, Utilization Review, non-certified the request, noting the CA MTUS, ODG, Chapter 8 page 165, 177-178 and Neck and Upper Back Chapter, Magnetic resonance Imaging were cited. The injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2015, Chapter neck and upper back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for a MRI of the neck and the request is not certified.