

Case Number:	CM15-0057651		
Date Assigned:	04/02/2015	Date of Injury:	09/16/2005
Decision Date:	07/27/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/26/2015

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: Physical Medicine & Rehabilitation

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 September 16, 2005. She has reported injury to the cervical spine, right shoulder, and left shoulder and has been diagnosed with cervical sprain/strain, right shoulder sprain, chronic post-operative pain of the right shoulder status post-surgery in 2006, left shoulder sprain, myofascial pain, and depression. Treatment has included TENS unit, medications, injections, home exercise program, aqua therapy, chiropractic care, surgery, and TPT. Range of motion to the cervical spine noted flexion at 35 degrees and extension at 30 degrees. Right shoulder abduction was at 100 degrees and flexion was at 110 degrees. Left shoulder abduction was at 100 degrees and flexion was at 110 degrees. There was mild spasm and tenderness to the cervical paravertebral muscles. There was a positive percussion at T1-3. There was tenderness to the right trapezius, scapula, and rhomboids. There was a positive impingement sign. There was tenderness to the left trapezius, scapula, and rhomboids. There was a positive impingement sign. The treatment request included a 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 Cervical without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper back (Acute & Chronic) Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic and Treatment Considerations, page(s) 171-171, 177-179.

Decision rationale: Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, criteria for ordering imaging include 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electro diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including reports from the provider, have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study without neurological deficit in bilateral upper extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Cervical without contrast is not medically necessary and appropriate.