

Case Number:	CM15-0083957		
Date Assigned:	05/06/2015	Date of Injury:	11/15/2011
Decision Date:	06/24/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/01/2015

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, Hawaii

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 58 year old female, who sustained an industrial injury on November 15, 2011. The mechanism of injury was not provided. The injured worker has been treated for neck and right shoulder complaints. The diagnoses have included multilevel cervical disc protrusions with radiculopathy and status post right shoulder surgery. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, a home exercise program and right shoulder surgery in 2013. Current documentation dated March 23, 2015 notes that the injured worker reported neck and right wrist pain. The injured worker also noted associated numbness and tingling. Objective findings were noted to be unchanged. The treating physician's plan of care included a request for an MRI of the cervical spine without contrast.

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with pain affecting the bilateral shoulders and cervical spine. The current request is for MRI cervical without contrast. The treating physician states, "Request auth new MRI C/S 3.0T." (17B). The treating physician goes onto document that the patient has had an MRI in 2011 and patient's range of motion has been improving. (22B) The ODG guidelines state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology". In this case the treating physician has failed to provide any rationale for this request and the medical records do not demonstrate that there has been a significant change in symptoms or signs of significant pathology. The current request is not medically necessary and the recommendation is for denial.