

Case Number:	CM15-0086665		
Date Assigned:	05/08/2015	Date of Injury:	04/15/2013
Decision Date:	06/11/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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: Arizona, California
 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 57 year old male, who sustained an industrial injury on 4/15/2013. The details regarding the initial injury were not submitted for this review. Diagnoses include shoulder pain, chronic pain syndrome, arthropathy, rotator cuff syndrome and cervicgia. He is status post right shoulder arthroscopy in June 2014 and is currently pending left shoulder surgical intervention. Treatments to date include anti-inflammatory, NSAID, analgesic, and physical therapy. Currently, he complained of neck and right shoulder pain, right hand numbness, and left shoulder pain from favoring right shoulder. On 4/3/15, the physical examination documented positive Tinel's sign and Phalen's sign in the right wrist. There was tenderness over the right shoulder with guarded range of motion and positive impingement sign. The cervical spine was documented to have 60% normal range of motion with tenderness over the right posterior cervical triangle. The provider reported radiographs of the cervical spine obtained 6/2/14 revealed loss of lordotic curvature with calcification at the anterior disc space noted at C3-4, C4- 5 and C5-6. The plan of care included a request to obtain a cervical spine MRI without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. In this case, the symptoms in the upper extremities can be explained with a positive Tinel and Phalen signs. There were no central cervical findings on exam to explain any upper extremity symptoms. The pain can be attributed to the x-ray findings. The request for an MRI of the cervical spine is not medically necessary.