

Case Number:	CM15-0241566		
Date Assigned:	12/18/2015	Date of Injury:	04/08/2015
Decision Date:	01/29/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/11/2015

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 40-year-old female with a date of injury on 4-8-15. A review of the medical records indicates that the injured worker is undergoing treatment for neck, left shoulder and wrist pain. Progress report dated 11-17-15 reports continued complaints of constant left shoulder pain. She had 12 sessions of physical therapy with minimal improvement. Objective findings: range of motion limited. Request MRI left shoulder and cervical spine. Progress report dated 4-8-15, cervical MRI reviewed and revealed mild degenerative disc disease and foraminal stenosis. EMG revealed carpal tunnel syndrome. Request for authorization dated 11-17-15 was made for Magnetic resonance imaging (MRI) of the cervical spine. Utilization review dated 11-19-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: Guidelines recommend MRI if there is physiologic evidence of tissue insult or nerve impairment. Cervical MRI is recommended in cases of chronic neck pain after 3 months of conservative care with normal radiographs in the presence of neurological signs and symptoms such as radiculopathy or progressive neurologic deficit. In this case, the patient had a cervical spine MRI five months ago and there is no new documentation of radiculopathy, progressive neurologic defect, or any red flag that would necessitate a repeat MRI. The request for a repeat cervical spine MRI is not medically appropriate and necessary.