

Case Number:	CM15-0245352		
Date Assigned:	12/28/2015	Date of Injury:	06/14/2000
Decision Date:	01/29/2016	UR Denial Date:	12/02/2015
Priority:	Standard	Application Received:	12/17/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 64 year old male, who sustained an industrial injury on 6-14-00. The injured worker was being treated for reflex sympathetic dystrophy of upper limb, cervical disc displacement, carpal tunnel syndrome and shoulder impingement. On 8-25-15, the injured worker complains of daily bilateral shoulder pain which has subsided some with acupuncture, he reports sharp stabbing pain with weakness to a mild dull ache; he notes the pain has decreased since last visit. Physical exam performed on 8-25-15 left trapezial tenderness on compression and tenderness to palpation in trapezial area with restricted range of motion of cervical spine. Treatment to date has included oral medications including Norco, Ibuprofen, physical therapy, acupuncture, spinal cord stimulator and activity modifications. The treatment plan included continuation of exercises and medications. On 8-25-15 cervical spine MRI was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: This 64 year old male has complained of neck pain, wrist pain and shoulder pain since date of injury 6/14/2000. He has been treated with acupuncture, physical therapy, spinal cord stimulation and medications. The current request is for a MRI of the cervical spine without contrast. The available medical records show a request for MRI of the cervical spine without any new physical exam findings or rationale for the above requested testing. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, MRI of the cervical spine is not indicated as medically necessary.