

Case Number:	CM14-0118776		
Date Assigned:	08/08/2014	Date of Injury:	02/13/2014
Decision Date:	10/07/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 injured worker is a man who has a date of injury on February 13, 2014 when he slipped and fell back, hitting his head and right shoulder on the ground. He is diagnosed with chronic cervicalgia, right shoulder arthralgia, recurrent myofascial strain and right upper extremity radiculopathy. A physical exam was noted for painful restricted cervical range of motion without evidence of reflex, sensory or motor deficits. A right shoulder magnetic resonance imaging from February 18, 2014 showed rotator cuff tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 177-178, 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-172; 177-178.

Decision rationale: Per the California Medical Treatment Utilization Schedule (MTUS), no tests are indicated for regional neck pain. For most workers presenting with true neck or upper back problems, special studies are not needed. Criteria for ordering imaging studies are emergence of

a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The worker has non-progressive chronic cervicgia without red flag signs. Therefore, the magnetic resonance imaging scan of the cervical spine is not considered medically necessary.