

Case Number:	CM14-0129191		
Date Assigned:	08/18/2014	Date of Injury:	05/30/2014
Decision Date:	11/10/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/13/2014

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 Physical Medicine & Rehabilitation, 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:

The injured worker is a 44-year-old female who reported an injury on 05/30/2014 due to an unspecified mechanism of injury. On 07/14/2014 she reported pain and spasm in the left shoulder that was exacerbated by range of motion and pain in the neck. A physical examination showed that she ambulated with a normal gait and was full weight bearing on both lower extremities. There was neck stiffness/splinting noted, the posterior cervical area was non-tender, there was muscle tenderness in the paracervical and muscles trapezius, cervical compression test for nerve root compression was negative, cervical distraction test was negative, and range of motion to the neck was noted to be restricted. Range of motion to the neck was documented as flexion of 49/45 degrees, extension to 40/55 degrees, lateral flexion to 30/40 bilaterally, and lateral rotation to the left at 45/70 degrees and right at 50/70. Examination of the left shoulder showed tenderness of the trapezius muscle on the left, muscle spasms of the left trapezius muscle, tenderness of the left subacromial regions, tenderness in the left rotator cuff, and a negative drop arm and apprehensions test. Range of motion was noted to be restricted and was documented as flexion to 75/180, extension to 45/50, internal rotation to 80/90, external rotation to 90/90, abduction to 175/180, and adduction to 50/50. Her medications are listed as amlodipine, acetaminophen, Biofreeze, Ibuprofen, Tramadol, Cyclobenzaprine, and Flexeril. She was diagnosed with muscle spasms of the neck, spasms of the muscle shoulder, sprain/strain of the shoulder and sprain/strain of the cervical. Past treatments included medications, chiropractic therapy, and physical therapy. There was no documentation regarding surgical history or diagnostic studies provided for review. The treatment plan was for an MRI of the cervical spine. A Request for Authorization form and rationale for treatment were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for MRI cervical spine is not medically necessary. The California MTUS/ACOEM Guidelines state that for most presenting with true neck or upper back problem are not needed unless a 3 to 4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies includes emergence of a red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior an invasive procedure. Based on the clinical information submitted for review, the injured worker does not meet the criteria for which ordering imaging studies would be considered medically necessary. There was no documentation showing that she had emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, and no documentation showing that she was to undergo an invasive procedure. There was also no documentation regarding her past chiropractic therapy or physical therapy sessions to show that she had failed to progress. In addition, it was noted that the injured worker had admitted to having an MRI previously. However, the MRI was not provided for review. Without knowing what the injured worker's condition was at the time of the previous MRI to show that there had been a significant change in symptoms, the request for an additional MRI would not be supported. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.