

Case Number:	CM14-0132634		
Date Assigned:	10/01/2014	Date of Injury:	11/16/2012
Decision Date:	12/10/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/19/2014

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 34 year old female with a date of injury on 11/16/2012. Diagnoses include cervical sprain, rotator cuff syndrome, shoulder impingement, brachial neuritis, and lumbar strain/sprain. Subjective complaints are of cervical, lumbar and bilateral shoulder pain. Physical exam shows cervical decreased range of motion, muscle spasm and positive cervical distraction and shoulder depression test. Reflexes were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), 2014 online guidelines for imaging -- Magnetic resonance imaging.

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

Decision rationale: CA MTUS supports imaging studies with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of anatomy prior to procedure and definitive

neurologic findings on physical examination, or electrodiagnostic studies. For this patient, there were no symptoms consistent with red flag conditions. Furthermore, there are no accompanying objective findings suggestive of cervical radiculopathy. Therefore, the medical necessity of a Cervical MRI has not been established.