

Case Number:	CM14-0155854		
Date Assigned:	09/25/2014	Date of Injury:	05/10/2012
Decision Date:	10/27/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/23/2014

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 Orthopedic Surgery, and is licensed to practice in California. 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 claimant is a 57-year-old who sustained an injury to both of his shoulders in a work-related accident on 05/10/12. The medical records provided for review documented a history of two prior shoulder arthroscopic procedures including rotator cuff repair in October 2012. Also, since the time of injury, the claimant has been evaluated for his neck. The report of a previous MRI scan dated 11/04/13 showed multilevel disc bulging at C3-4, C4-5, and C5-6 that resulted in mild neural foraminal narrowing at multiple levels and bilateral exiting nerve root compromise at C5-6. The orthopedic follow up visit dated 08/21/14 described intermittent complaints of pain in the neck with no radicular findings. Physical examination showed decreased cervical range of motion, trapezial muscle tenderness and spasm but no documented neurologic findings or motor, sensory, or reflexive change of the upper extremities. Based on the claimant's continued symptoms, the recommendation was for a cervical MRI scan for further assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical Spine Section: MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179 182.

Decision rationale: Based on California ACOEM Guidelines, the request for an MRI scan of the cervical spine is not recommended as medically necessary. ACOEM Guidelines recommend MRI imaging in the setting of physiological evidence of tissue insult or neurologic dysfunction. Presently, there is no documentation in the medical records of acute radicular findings on examination. The claimant had an MRI performed in late 2013 and the documentation does not identify any change in his clinical condition or physical examination to warrant another MRI. Without documentation in the medical records of an acute radicular process on examination or change in clinical condition, the request for a repeat MRI scan is not medically necessary.