

Case Number:	CM14-0160924		
Date Assigned:	10/06/2014	Date of Injury:	05/01/2012
Decision Date:	10/31/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/30/2014

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, has a subspecialty in Interventional Spine 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 patient is a 35 year-old female with the date of injury of 05/01/2012. The patient presents with neck pain, radiating down to her shoulders, right side worse than left side, rating her pain as 4-5/10 on the pain scale. The patient presents decreased range of cervical motion and pain at the end range of all motions. According to [REDACTED] report on 07/09/2014, diagnostic impressions are: 1) Left shoulder adhesive capsulitis. S/P manipulation under anesthesia, improved with residuals 2) Left shoulder chronic tendonitis 3) Cervical spine myofascial pain and strain 4) Left elbow medial and lateral epicondylitis 5) Bilateral wrist strain and tendonitis without evidence of carpal tunnel syndrome 6) X-ray evidence of scapholunate laxity of the right wrist The utilization review determination being challenged is dated on 09/02/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/05/2013 to 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Cervical Spine, without Contrast, as Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM -

[http://www.acoempracguides.org/Cervical and Thoracic Spine](http://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

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

Decision rationale: The patient presents with cervical pain and spasm radiating to shoulders. The request is for MRI of the cervical spine without contrast as outpatient. Review of the reports does not show that the patient has had a previous MRI of the cervical spine. The provider does not indicate why MRI of the cervical spine is being requested. There are no reports that specifically discuss this request. MTUS guidelines do not discuss MRI but ACOEM guidelines do not recommend it unless there is an emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. ODG guidelines support MRI's for evaluation of radiculopathy refractory to conservative care and for post-operative evaluation as well. In this case, such suspicions are not discussed in any of the reports. The provided reports do not clearly show radicular symptoms, any significant examination findings that would require an MRI per guidelines criteria. Recommendations are for denial.