

Case Number:	CM14-0086790		
Date Assigned:	07/23/2014	Date of Injury:	09/20/2013
Decision Date:	12/26/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/10/2014

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 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:

This individual is a 55 year old female who developed chronic shoulder and neck pain subsequent to an injury dated 9/20/13. She has been diagnosed with a cervical radiculopathy and left shoulder rotator cuff syndrome. She has been treated with physical therapy with temporary relief. She has also been treated with chiropractic and shoulder injections. The shoulder injections were beneficial. The requesting physicians report states that no prior MRI was performed and none was located in the records reviewed. The MRI was denied by Utilization Review stating that there was no change since prior imaging, but no evidence of prior imaging was given in the review.

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: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manuel therapy manipulation Page(s): 58-60.

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

Decision rationale: MTUS Guidelines support cervical MRI imaging when there are persistent neurological complaints and supportive exam findings. This patient meets these criteria. She has

been diagnosed with a cervical radiculopathy and left shoulder rotator cuff syndrome. There is a positive Spurling's test and findings consistent with a C6 dermatomal loss. The cervical MRI is medically necessary.