

Case Number:	CM14-0090939		
Date Assigned:	07/25/2014	Date of Injury:	04/01/2014
Decision Date:	09/19/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/16/2014

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 and 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 32-year-old male with date of injury of 04/01/2014. The listed diagnoses per [REDACTED] are contusion of the right shoulder, cervical spine strain, and thoracic spine strain. The medical file provided for review includes four summary visit reports from 04/01/2014 to 05/30/2014. Report 04/01/2014 indicates the patient injured his right shoulder when a freight elevator "crashed down onto right shoulder." The patient was prescribed Ibuprofen 200mg and Cyclobenzaprine 5mg. Report 05/09/2014 instructed patient to "follow-up after completion of all diagnostic studies." On 05/30/2014, the provider recommended transfer of care to a spine surgeon for further evaluation. Each report documents diagnoses, work/activity modifications, and the patient is instructed to continue exercises. The 36 page medical file provided for review does not include subjective complaints, objective findings or any discussion regarding the requested cervical MRI. The utilization review denied the request on 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without Contrast Cervical Spine: Upheld

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

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

Decision rationale: This patient presents with a diagnosis of cervical/thoracic spine strain and right shoulder contusion. The request is for an MRI without contrast of the cervical spine. The ACOEM Guidelines has the following criteria for ordering imaging studies on page 177 and 178: (1) emergence of a red flag, (2) physiologic evidence of tissue insult or neurologic dysfunction, (3) failure to progress in the strengthening program intended to avoid surgery, (4) clarification of anatomy prior to invasive procedure. The 36 page medical file does not document physical examination that would substantiate the request for an MRI of the cervical spine. There are no discussions of neurological deficit or radicular symptoms to warrant further investigation. Therefore, this request is not medically necessary.