

Case Number:	CM14-0215633		
Date Assigned:	01/05/2015	Date of Injury:	03/19/2014
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 33-year-old man who sustained a work-related injury on March 19, 2014. Subsequently, he developed chronic neck and shoulder pain. According to the progress report dated October 3, 2014, the patient reported right shoulder pain and right neck pain with right upper extremity C7 pain. Examination of the cervical spine revealed intact sensation, deep tendon reflexes 2+, tenderness to palpation. muscle spasm, flexion 40 degrees, extension 30 degrees with right neck pain, right lateral bending 20 degrees, left lateral bending 15 degrees, with right neck pain, right rotation 60 degrees, left rotation 70 degrees with right neck pain, and positive Spurling sign for neck pain radiating to the levator scapulae and trapezius muscles. In addition, Tinel's sign was positive at the right wrist. In regard to the right shoulder, it was noted that the patient should be seen by an orthopedic surgeon for an injection, and if that was not successful, proceed with arthroscopic right shoulder surgery. The patient was diagnosed with right cervical strain, right shoulder SIS with type III acromion and partial RCT, and mild SC joint DJD.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to MTUS guidelines, MRI of the cervical spine is recommended if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. There is no clinical evidence of anatomical defect or nerve/root compromise in this case. The medical records failed to demonstrate that the patient did fail conservative treatments targeting the cervical spine. Therefore, this request is not medically necessary.

Cervical X-Ray: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to MTUS guidelines, "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly provided any red-flag conditions are ruled out." X rays imaging is recommended in neck and upper back complaints in case of suspicion of fracture, neurological deficit related to tumor, trauma and infection. There is no clear evidence that the patient developed new symptoms or have red flags pointing toward cervical spine damage. Therefore, this request is not medically necessary.