

Case Number:	CM14-0219278		
Date Assigned:	01/09/2015	Date of Injury:	02/25/2011
Decision Date:	03/05/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/31/2014

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 York
 Certification(s)/Specialty: Internal 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 injured worker is a 46 year old male, who sustained an industrial injury on 2/25/2011. He was lifting a refrigerator and developed pain in the right shoulder. The diagnoses have included cervical and right shoulder strain and radiculopathy. Treatment to date has included physical therapy and medications. Electrodiagnostic studies of the bilateral upper extremities dated 5/23/2012 was read by the evaluating provider as normal. Per the UR there is another electrodiagnostic study that revealed some evidence of radiculopathy but the documentation has not been provided. Currently, the IW complains of pain in the right side of the neck with tightness. He also reported pain in the right shoulder. Symptoms increase with above shoulder work. He has trouble sleeping. There is weakness in the right upper extremity with above shoulder work. Objective findings include a normal gait. There is tenderness to the paracervical/scapular region and right shoulder with motor weakness. Magnetic resonance imaging (MRI) was read by the evaluating provider as revealing no rotator cuff tear and cervical spine within normal limits. No date for the MRI has been provided. On 12/04/2014, Utilization Review non-certified a request for repeat magnetic resonance imaging (MRI) of the cervical spine, noting no evidence of medical necessity for a repeat MRI. The MTUS/ACOEM Guidelines and ODG were cited. On 12/31/2014, the injured worker submitted an application for IMR for review of magnetic resonance imaging (MRI) of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MRI of the Neck Page(s): 304.

Decision rationale: There is no documentation provided necessitating a repeat cervical MRI. MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgical intervention. Cervical MRI imaging is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neoplastic or infectious pathology can be visualized. In this case, there is no history of increased cervical radiculopathy or physical exam evidence of any new neurological abnormalities. Medical necessity for the requested cervical MRI has not been established. The requested service is not medically necessary.