

Case Number:	CM14-0053637		
Date Assigned:	07/07/2014	Date of Injury:	11/27/2006
Decision Date:	02/25/2015	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/22/2014

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
 Certification(s)/Specialty: Family Practice

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 worker is a 47 year old female who was injured on 11/27/2006. She was treated with physical therapy and medications. On 2/25/14, (the most recent progress note near the time of this request), the worker was seen by her primary treating physician reporting worsening cervical spine pain, right shoulder pain, and right arm pain. She also complained of TMJ pain. MRI of the cervical spine was completed in 2010, but the results were not included in the documents. Physical examination revealed right shoulder restricted movement and painful range of motion, tenderness over the greater tuberosity of the humerus and positive impingement sign, positive cervical foraminal compression test, positive Spurling's test, cervical paraspinal tenderness/spasm, and restricted range of motion of the cervical spine. No neurological testing was documented as being performed. She was diagnosed with facial contusion with TMJ strain with myofascial pain syndrome, right shoulder tendinitis, impingement syndrome, herniated cervical disc, thoracic disc disease, anxiety, depression, insomnia, and gastritis. She was then recommended a repeat and updated MRI of the cervical spine "to establish the presence of disk pathology." MRI of the right shoulder was also recommended. She was also asked to continue physical therapy for her cervical spine and right shoulder, and continue to take her medications.

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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was no clear evidence from subjective complaints or physical findings to suggest any cervical nerve impingement which might benefit from having an MRI to further evaluate. There were no signs of any red flag diagnoses and no discussion of surgery being potential requiring imaging of the area beforehand. Therefore, the cervical MRI is not medically necessary considering the evidence available in the documents provided for review.