

Case Number:	CM15-0006647		
Date Assigned:	01/26/2015	Date of Injury:	03/09/2011
Decision Date:	03/18/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/12/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old female, who sustained an industrial injury on 3/9/2011. On 1/12/15, the injured worker submitted an application for IMR for review of MRI of the cervical spine. The treating physician has reported the injured worker complains of cervical spine, bilateral shoulder, right wrist and right hand pain. The injured worker describes the pain as persistent neck and intermittent bilateral shoulder pain right wrist and right hand pain. The diagnoses have included chronic cervical strain; rule out disc herniation, chronic bilateral shoulder trapezius strain, left shoulder rotator cuff syndrome (status post arthroscopy), post operative adhesive capsulitis left shoulder, bilateral carpal tunnel syndrome, hypertension, sleep issues. Treatment to date has included status post arthroscopic left shoulder surgery, chiropractic and physical therapy. This reviewer did not find diagnostic studies within these notes. On 12/19/14 Utilization Review non-certified Cervical MRI noting the ACOEM Guidelines and ODG were cited.

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 12 Low Back Complaints.

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

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies are also not met, such as emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The requesting physician explains that the injured worker has persistent pain and failed in the conservative measures for the cervical spine. Treatments include failed chiropractic treatment and cortisone injections. The request for MRI of the cervical spine is to rule out herniated nucleus pulposus versus degenerative disc disease. The medical reports that the injured worker has had cervical spine pain chronically, and had an MRI of the cervical spine in 2013 that showed a 2 mm left paracentral disc protrusion with mild central canal stenosis at the C5-C6 level. There is no interval trauma or significant change clinically since the last MRI. The injured worker reports slight improvement with chiropractic treatment, and the requesting physician also recommends additional chiropractic treatment. Medical necessity for a repeat MRI has not been established. The request for MRI of the cervical spine is determined to not be medically necessary.