

Case Number:	CM15-0106904		
Date Assigned:	06/04/2015	Date of Injury:	01/21/2013
Decision Date:	07/15/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/22/2015

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, North Carolina
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 injured worker is a 40 year old male, who sustained an industrial injury on January 21, 2013. He reported neck pain, right shoulder and right arm pain after slipping on ice in the road and falling back on his outstretched right arm while assessing fire or water damage at a client's home. The injured worker was diagnosed as having thoracic pain and strain, right shoulder and trapezius strain, derangement of the right shoulder joint and right shoulder surgery. Treatment to date has included diagnostic studies, radiographic imaging, and surgical intervention of the right shoulder, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued thoracic pain, headaches, right shoulder pain with radiating pain, numbness and tingling down the right upper extremity. He also reported sleep disruptions secondary to pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 2, 2015, revealed continued pain as noted. Evaluation on April 20, 2015, revealed continued pain as noted. A magnetic resonance image of the cervical spine was requested.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-188.

Decision rationale: CA MTUS supports MRI in cases of red flag symptoms. In this patient, there is no significant neurologic dysfunction on examination. The patient is not a surgical candidate. A previous MRI of the cervical spine was obtained on 3/21/2013, which showed no significant disc disease. In the interim, there is no documentation of clinical change or altered clinical findings to justify a repeat cervical MRI. Therefore, a request for a repeat MRI is not medically necessary or appropriate at this time.