MAXIMUS Federal Services

Case Number:	CM15-0018517		
Date Assigned:	02/06/2015	Date of Injury:	09/20/1999
Decision Date:	03/25/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/31/2015

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: New York, New Hampshire, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 was a 64 year old female, who sustained an industrial injury, September 20, 1999. The injured worker slipped and fell on a waxed floor. The injured worker injured multiple body parts and underwent several treatments. According to progress note of January 14, 2015, the injured workers chief complaint was neck and shoulder pain with spasms. The physical exam noted palpable spasms of the right trapezius and parascapular region and hyper tonicity of the trapezius and parascapular musculature bilaterally. The injured worker was diagnosed with other affections shoulder region, pain in joint shoulder, major depression, and depression with anxiety, adhesive capsulitis of the shoulder, degenerative cervical disc and cervicalgia. The injured worker previously received the following treatments Left shoulder surgery in 2000, right carpal tunnel release in 2003, left shoulder surgery 2006, cervical fusion 2007, fusion of C6-C7 2007, fusion of c6-C7 and C7-T1 in July 2011 and right shoulder surgery February 12, 2013, post-surgery physical therapies, chiropractic services to the cervical neck, Relafen, Flector Patch, hope exercise program, Norflex and Zohydro.On January 13, 2015, the primary treating physician requested authorization for an MRI of the cervical/thoracic spine without contrast; to rule out spinal cord lesion (December 4, 2014 office visit).On January 21, 2015, the Utilization Review denied authorization for an MRI of the cervical/thoracic spine without contrast.The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical/thoracic spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Neck and Upper Back (Acute and Chronic), Low Back-Lumbar and Thoracic (Acute and Chronic), Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182-184.

Decision rationale: 64 yr old female with chronic neck and back pain. MTUS criteria for cervicothoracic MRI not met. There is no documentation of neurologic deficit. There are no red flags for MRI such as concern for fracture or tumor. Clinical need for MRI not estbalished in the records. Not needed.