

Case Number:	CM15-0121429		
Date Assigned:	07/02/2015	Date of Injury:	05/01/2015
Decision Date:	07/31/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/23/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 54 year old female, who sustained an industrial injury on 5/01/2015. She reported a fall, landing on her left shoulder and elbow. The injured worker was diagnosed as having rotator cuff tear and adhesive capsulitis of the left shoulder and cervical strain. Treatment to date has included x-rays of the left shoulder and left elbow, a sling, magnetic resonance imaging of the left shoulder, and medications. Currently (5/27/2015), the injured worker complains of worsening shoulder pain and trouble sleeping at night, when seen for follow-up of her neck, left shoulder, and left upper extremity. She also reported worsening numbness in the radial three digits of the left hand, and some pain and stiffness in the neck. Medication use included Oxycodone. Exam of her neck revealed tenderness over the base and positive Spurling's sign. Sensation was decreased in the radial three digits of the left hand and motor function of the elbows was 5/5 bilaterally. A weakly positive Phalen's sign at the left wrist was also noted. Left shoulder range of motion was decreased and attempts to passively flex the shoulder produced severe pain at about 60 degrees of flexion in the plane of the scapula. It was documented that magnetic resonance imaging of the left shoulder was reviewed and surgical options were discussed regarding full thickness tear of the supraspinatus tendon. It was documented that x- rays demonstrated significant degenerative changes in the cervical spine and disc space narrowing at C4-5 and C5-6. The treatment plan included magnetic resonance imaging of the cervical spine to rule out disc herniation or spinal stenosis. Her work status was total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (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): 182.

Decision rationale: According to MTUS guidelines, MRI of the cervical spine is recommended if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. In this case, there is no evidence that the patient tried and/or failed conservative care for the treatment of the cervical spine. In addition, there is no evidence of red flags or progressive neurological deficit that will require an MRI test. Therefore, the request for an MRI of cervical spine is not medically necessary.