MAXIMUS Federal Services

Case Number:	CM15-0121455		
Date Assigned:	07/02/2015	Date of Injury:	07/26/2006
Decision Date:	07/31/2015	UR Denial Date:	05/29/2015
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:

This 68 year old female sustained an industrial injury to the neck and right shoulder on 7/26/06. The injured worker had a history of right rotator cuff tear and had been recommended for surgical repair; however, surgery was currently on hold due to long disease. Previous treatment included physical therapy, trigger point injections, home exercise, heat and medications. In a progress note dated 5/20/15, the injured worker complained of neck pain with radiation to both shoulders and the left arm and new pain down to the right elbow. The injured worker reported having difficulty squeezing the shampoo bottle or grabbing plates and cups. The injured worker was very restricted in her activities of daily living with an ongoing decline in functionality. The injured worker had had to discontinue yoga due to the cost. The injured worker was now complained of depression with symptoms of insomnia, sadness, decreased appetite and constant worrying. Current diagnoses included cervical intervertebral disc displacement with radiculitis, lumbar spine degenerative disc disease, shoulder pain and depression. The treatment plan included refilling medications (Gabapentin, Diclofenac sodium XR, Voltaren gel and Omeprazole), continuing home exercise and obtaining a cervical spine magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine without contrast: 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): 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. There is no clinical evidence of anatomical defect or nerve compromise in this case. In her recent physical examination, there was no indication of decreased range of motion and no motor or reflex deficit. Therefore, the request for an MRI of cervical spine is not medically necessary.