

Case Number:	CM15-0122045		
Date Assigned:	07/06/2015	Date of Injury:	10/02/2013
Decision Date:	07/31/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42 year old woman sustained an industrial injury on 10/2/2013 after being thrown out of the back of a pick-up truck after being struck by a limb. Evaluations include an undated lumbar spine MRI and cervical spine x-rays. Diagnoses include shoulder/arm sprain and lumbar spine sprain. Treatment has included oral medications, right shoulder cortisone injection, and physical therapy. Physician notes dated 5/14/2015 show right shoulder and low back pain rated 8/10. Recommendations include Meloxicam, Tramadol, cervical spine MRI, and possible future surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work-related injury in October 2013. Right shoulder surgery is being planned. When seen, a cervical spine x-ray and MRI had been requested prior to undergoing shoulder surgery. She had complaints of right shoulder and low back pain. There was no examination of the cervical spine. An x-ray of the cervical spine was negative. Applicable criteria for obtaining an MRI of the cervical spine include neck pain with radiculopathy, if severe, or the presence of progressive neurologic deficit. In this case, the claimant was not having neck pain and there were no physical examination findings that support the need for a cervical spine MRI which was not medically necessary.