

Case Number:	CM15-0024370		
Date Assigned:	02/13/2015	Date of Injury:	10/30/2014
Decision Date:	06/12/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 37-year-old male, with a reported date of injury of 10/30/2014. The diagnoses include cervical strain, rule out right cervical radiculopathy, rule out right shoulder impingement with possible rotator cuff tear, and right upper extremity overuse. Treatments to date have included physical therapy and an x-ray of the cervical spine. The comprehensive orthopedic evaluation dated 12/08/2014 was a poor quality copy and somewhat hard to read. The report indicates that the injured worker complained of right cervical pain and trapezius pain, particularly in the right shoulder with limited range of motion. She returned to work in a light duty capacity. An examination of the cervical spine showed diffuse tenderness in the posterior cervical musculature and full range of motion. An examination of the right shoulder showed tenderness in the trapezius, right parascapular area and shoulder girdle, decreased range of motion, and positive impingement sign. Other objective findings include intact sensation to light touch and pinprick. The treating physician requested an MRI of the cervical spine.

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 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: The ACOEM Guidelines support the use of cervical MRI imaging if a "red flag" is found, such as findings suggesting a fracture, symptoms of upper back complaints after a recent trauma, or symptoms suggesting an infection or tumor. MRI imaging is also supported when symptoms do not improve despite three to four weeks of conservative care with observation and there is evidence of an injury or nerve problem or when an invasive procedure is planned and clarification of the worker's upper back structure is required. The submitted and reviewed documentation indicated the worker was experiencing right upper back and shoulder pain. There was no discussion or recorded examination findings detailing a nerve problem consistent with this area of the back, suggesting this study was needed in preparation for surgery, or other supported issues. There also was no discussion detailing how this study would affect the worker's care. In the absence of such evidence, the current request for a MRI of the cervical spine region is not medically necessary.