

Case Number:	CM15-0034808		
Date Assigned:	03/03/2015	Date of Injury:	11/17/2011
Decision Date:	04/10/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/24/2015

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, Michigan, 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 65 year old female, who sustained an industrial injury on 11/17/2011. The diagnoses have included myelopathic type symptoms with relative stenosis at C5-6 and foraminal stenosis, left shoulder adhesive capsulitis and progression of rotator cuff disruption left shoulder. Treatment to date has included shoulder surgery, chiropractic manipulation and medication. According to the progress note dated 1/29/2015, the injured worker complained of neck pain and pain in the left arm. She had stiffness in the left shoulder and continued to have acromioclavicular joint pain about the shoulder. Physical exam revealed tenderness over the acromioclavicular joint. A 2013 magnetic resonance imaging (MRI) study of the cervical spine revealed a disc osteophyte complex and arthropathy at C5-6 with moderate left and mild to moderate right neural foraminal stenosis. The recommendation was for cervical fusion at C5-6. Prior to consideration of cervical fusion, a follow-up MRI was recommended due to the length of time since her prior study. On 2/13/2015 Utilization Review (UR) non-certified a request for magnetic resonance imaging (MRI) of the cervical spine. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines were cited.

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: 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 in case of red flags suggesting cervical spine damage such as tumor, infection, cervical root damage and fracture. There is no documentation of any of these red flags in this case. Therefore the request for MRI of the cervical spine is not medically necessary.