

Case Number:	CM15-0038403		
Date Assigned:	03/09/2015	Date of Injury:	11/11/2013
Decision Date:	04/15/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 reported a repetitive strain injury on 11/11/2013. The current diagnoses include right shoulder adhesive capsulitis with a questionable rotator cuff tear, as well as cervical degenerative disc disease with questionable instability. The injured worker presented on 01/28/2015 for a follow-up evaluation with complaints of bilateral shoulder and neck pain. The injured worker also reported diminished range of motion. Upon examination of the cervical spine, there was tenderness to palpation over the bony prominences, limited range of motion with pain at end range, discomfort in the right shoulder and arm, and negative instability. Strength of the neck muscles was intact. X-rays of the cervical spine obtained in the office revealed degenerative disc disease at multiple levels of the cervical spine. There was mild kyphosis noted at the C5-6 level with questionable instability present. Recommendations at that time included initiation of physical therapy for the right shoulder and an MRI of the cervical spine and right shoulder. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for Cervical Spine As An Outpatient: 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): 177-179.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, for most patients presenting with true neck and upper back problems, special studies are not needed until after a 3 to 4 week period of conservative care and observation. In this case, the injured worker does not have significant functional limitations upon examination. There was no evidence of a musculoskeletal or neurological deficit. Additionally, there was no mention of an attempt at any conservative treatment for the cervical spine prior to the request for an imaging study. There is no documentation of any red flags for serious spinal pathology or any focal neurological deficits upon examination. Given the above, the request is not medically appropriate.