

Case Number:	CM15-0074538		
Date Assigned:	04/24/2015	Date of Injury:	01/08/2015
Decision Date:	05/28/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/20/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained an industrial injury on 1/8/15. The injured worker was diagnosed as having cervical spine strain with radicular complaints, lumbar spine strain with radicular complaints, and left shoulder strain with myospasms. Treatment to date has included physical therapy. Currently, the injured worker complains of intermittent moderate left shoulder pain with decreased range of motion and left hip pain with radiation to both thighs. Neck pain with radiation to both shoulders was also noted. The treating physician requested authorization for a MRI of the cervical spine. The treatment plan included continuing physical therapy 2x4 for the cervical spine, thoracic spine, lumbar spine, and left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter (MRI section).

Decision rationale: The ACOEM guideline lists criteria for ordering imaging studies and includes the following emergence of a red flag: physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery, and the clarification of the anatomy prior an invasive procedure. The claimant's medical records did not show evidence of neurologic deficits or change in neurologic examination to warrant an MRI. Neurologic exam of both upper extremities was normal. With no evidence of cervical radiculopathy, and MRI of the cervical spine is not medically necessary. In addition, the patient has had a lack of adequate conservative care, completing only one physical therapy session and some chiropractic care. The request is deemed not medically necessary.