

Case Number:	CM15-0091270		
Date Assigned:	05/15/2015	Date of Injury:	04/29/2012
Decision Date:	06/16/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/12/2015

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, Alabama, 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:

This is a 54 year old female with an April 29, 2012 date of injury. A progress note dated April 24, 2015 documents subjective findings (right shoulder pain rated at a level of 6/10; cervical spine pain rated at a level of 6/10), objective findings (tenderness of the right shoulder with well-healed arthroscopic portals; right shoulder range of motion improving; decreased range of motion of the cervical spine; upper extremity neurologic evaluation unchanged), and current diagnoses (status post right shoulder rotator cuff repair/subacromial decompression; status post remote right shoulder surgery; cervical pain with upper extremity symptoms). Treatments to date have included right shoulder surgery, medications, chiropractic treatment, and exercise. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included magnetic resonance imaging of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165. Decision based on Non-MTUS Citation Official Disability Guidelines: Guidelines for Cervical Spine MRI (magnetic resonance imaging).

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 if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. There is no clinical evidence of anatomical defect or nerve compromise in this case. Therefore, the request for an MRI of cervical spine is not medically necessary.