

Case Number:	CM15-0092439		
Date Assigned:	05/18/2015	Date of Injury:	12/06/2013
Decision Date:	06/18/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/13/2015

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 35 year old male who sustained an industrial injury on 12/06/2013. Mechanism of injury occurred when while at work as a landscaper his arm was jerked downward and he felt immediate pain in his right shoulder, neck and his upper back on the right. Diagnoses include late effects of injury/surgery to right shoulder, right shoulder sprain/strain, thoracic sprain/strain, left shoulder sprain/strain, lumbosacral sprain/strain, headache, brachial neuritis or radiculitis, subluxation of sacrum and myalgia and myositis. Treatment to date has included diagnostic studies, medications, cortisone injections, work restrictions, physical therapy, 16 chiropractic sessions, and a home exercise program. There were no diagnostic studies present with the documentation reviewed. In a physician note dated 03/13/2015 the injured workers medications included Nabumetone 750mg and Tylenol. A physician progress note dated 04/01/2015 documents the injured worker complains of right shoulder pain, cervical spine pain, left shoulder pain, which are described as a constant dull pain with no radiation, and headaches, which are intermittent and dull and are associated with eye pain. Right shoulder range of motion is restricted, and there is increased mild to moderate pain with active ranges of motion. Cervical range of motion is restricted and he has mild to moderate pain with all active ranges of motion. With thoracic ranges of motion there is mild to moderate pain. The injured worker has positive Kemps bilaterally with increased pain to the thoracic spine, positive Milgram's test with increased pain to the lumbar spine, and positive Foraminal compression and Soto-Hall tests producing increased pain and symptoms in the cervical spine. The treatment plan includes 6

chiropractic sessions, a consultation for evaluation of medical management. Treatment requested is for 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:

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Chapter 8 Neck and Upper Back Disorders, Introductory Material, Special Studies and Diagnostic and Treatment Considerations, page(s) 171-171, 177-179.

Decision rationale: Per ACOEM Treatment Guidelines for the Neck and Upper Back Disorders, criteria for ordering imaging include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electro diagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including reports from the provider, have not adequately demonstrated the indication for the MRI of the Cervical spine for non-radicular symptoms nor document any specific clinical findings to support this imaging study as the patient has unchanged findings without clear myotomal/dermatomal neurological deficits in bilateral upper extremities. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the cervical spine is not medically necessary and appropriate.