

Case Number:	CM15-0098888		
Date Assigned:	06/01/2015	Date of Injury:	11/12/2012
Decision Date:	07/07/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/22/2015

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, Pain Management

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 43 year old female, who sustained an industrial/work injury on 11/12/12. She reported initial complaints of neck, both shoulders and wrist pain. The injured worker was diagnosed as having cervical myofascial sprain, cervical stenosis, and right carpal tunnel syndrome. Treatment to date has included medication, physical therapy, home exercise program, acupuncture, surgery (right shoulder arthroscopy with subacromial decompression on 9/10/13 and decompression and biceps tenotomy on 8/5/14). MRI results were reported on 11/11/14 of cervical spine revealed normal cervical lordosis and short pedicle configuration of the spinal canal with minimal spinal stenosis at C3-4 and C4-5. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 4/2/13 had right carpal tunnel syndrome. Currently, the injured worker complains of neck and upper back pain. Per the primary physician's orthopedic evaluation on 5/6/15, examination revealed tenderness in the paraspinal muscles and levator scapula on the right, range of motion is 90% with pain at extremes of motion, negative Spurling's test, strength at 5/5, reflexes are 2+/4 in the bilateral biceps, triceps, and brachioradialis, Phalen's Tinel's and Finkelstein's test are negative bilaterally. Current plan of care included a short course of physical therapy and MRI. The requested treatments include MRI of the cervical spine per 5/6/15 order.

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 Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck and upper back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG), Neck Chapter, MRI.

Decision rationale: Regarding the request for cervical MRI, CA MTUS does not address repeat imaging. ODG states that repeat MRI is not routinely recommended in less there is a significant change in symptoms and or findings suggestive of significant pathology. Within the documentation available for review, there is no indication of any red flags, a significant change in symptoms and/or findings suggestive of significant pathology, etc. In the absence of such documentation, the requested cervical MRI is not medically necessary.