

Case Number:	CM16-0239607		
Date Assigned:	12/16/2016	Date of Injury:	10/17/2016
Decision Date:	01/17/2017	UR Denial Date:	12/12/2016
Priority:	Standard	Application Received:	12/13/2016

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: Florida

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 34 year old male, who sustained an industrial injury on 10-17-2016. The injured worker was being treated for strain of unspecified muscle, fascia and tendon at upper arm level, right arm, and strain of muscle, fascia and tendon at neck level. Treatment to date has included x-rays, physical therapy, and medications. On 12-01-2016, the injured worker complains of moderately severe right neck pain and moderately severe right shoulder pain. The injured worker denied numbness and tingling in the arms and denied weakness in the upper extremities. Current medications included Cyclobenzaprine and Nabumetone. Musculoskeletal exam noted no loss of cervical lordosis, no neck stiffness or splinting, tenderness at the posterior cervical and paracervical regions, and decreased and painful range of motion. Sensation was intact in the bilateral upper extremities. Impingement testing was positive for the right rotator cuff. The provider recommended continued physical therapy and magnetic resonance imaging for lack of improvement and persisting pain. Work status was modified. A follow-up exam on 12-09-2016 noted that magnetic resonance imaging was approved for both the right shoulder and cervical spine. On 12-12-2016 Utilization Review non-certified a request for MRI cervical spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI cervical spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The claimant is a 34 year old male who sustained an industrial injury on 10-17-2016. His diagnoses include strain of unspecified muscle, fascia and tendon at upper arm level, right arm, and strain of muscle, fascia and tendon at neck level. This request is for an MRI of the Cervical spine without contrast. California MTUS guidelines state regarding special studies of the Cervical spine, "Criteria for ordering imaging studies are: 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 clarification of the anatomy prior to an invasive procedure." Regarding this claimant's case, the physical exam on a 12/2016 progress note does not document a specific neck physical exam. But, it is noted that reflexes and strength are intact in the upper extremities. It is not certain that there has been a prior negative plain film of the cervical spine. There is a lack of documentation that this claimant has failed conservative treatment measures for the cervical spine. This request is not medically necessary.