

<b>Case Number:</b>	CM13-0016339		
<b>Date Assigned:</b>	11/06/2013	<b>Date of Injury:</b>	03/23/2007
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 66-year-old female who was injured in a work related accident on March 23, 2007. The clinical records specific to her cervical spine indicate a September 16, 2013 assessment with [REDACTED] indicating continued diagnosis of cervical sprain, lumbar strain, status post left shoulder surgery from May 2012 with residuals and right knee strain. Specific to her neck, there was palpable tenderness with muscle spasm and diminished range of motion with no neurologic findings documented. Prior to this assessment an electrodiagnostic study report to the bilateral upper extremities from May 8, 2013 showed the assessment to be with evidence of carpal tunnel syndrome, but no indication of radicular process from the cervical spine. Specific imaging to the cervical spine, however, is not documented in clinical records for review. A prior assessment from July 12, 2013 for follow-up of the claimant's shoulder complaints with [REDACTED] indicated a diagnosis of a frozen shoulder with cervical strain. Prior to proceeding with manipulation under anesthesia he had recommended an MRI scan of the cervical spine for further assessment. He notes that his upper extremity examination showed neurovascular status to be grossly intact with the cervical spine having diminished range of motion and tenderness to palpation.

### 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 Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165.

**Decision rationale:** Based on the California ACOEM Guidelines, imaging in the form of a cervical spine MRI would not be indicated. The records in this case fail to demonstrate evidence of neurologic finding on examination to the upper extremity to support the acute need of an MRI scan. Furthermore, recent electrodiagnostic studies failed to demonstrate a radicular process that would be indicative of neural compressive etiology to the cervical spine. While the claimant continues to struggle with shoulder range of motion and a diagnosis of "frozen shoulder" following surgical intervention, the absence of physical examination findings specific to the neck would fail to necessitate the requested MRI scan at present.