

<b>Case Number:</b>	CM13-0043716		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 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/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 injured worker reported an injury on 03/18/2011. The mechanism of injury reportedly occurred when the injured worker had a stack of flower boxes fall on her head, left shoulder and left arm. The clinical note dated 10/03/2013 is handwritten and unable to decipher. The clinical note dated 10/24/2013 was a review of the consulting physician's report noting that the patient presented to the doctor on 09/23/2013 with complaints of increasing left shoulder pain, with stiffness and weakness. The pain level was rated at 8/10 to 9/10. This report noted that the injured worker was status post left shoulder surgery on 03/18/2011; status post left shoulder decompression, distal clavicle resection undersurface partial thickness supraspinatus tendon tear and debridement on 11/06/2012, ultrasound-confirmed partial thickness supraspinatus tendon tear on 05/15/2013, and subacromial bursitis and intra-articular synovitis left shoulder. The documentation presented for review did include a request for authorization for medical treatment DWC Form RFA dated 10/03/2013. Procedure requested was an MRI with GAD of the left shoulder, SA cortisone into the left shoulder under ultrasound guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE REQUEST FOR AN MRI FOR THE C-SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), , 177-179

**Decision rationale:** The California MTUS/ACOEM Guidelines state for most patients presenting with true neck and upper back problems, special studies are not needed unless there is a 3 to 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering the imaging studies is an 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 the invasive procedure. Unequivocal findings that identify specific nerve compromise on the neurologic examination are significant evidence to warrant imaging studies if symptoms persist. The clinical information provided including the office visit for the date of 10/2013 was not able to be deciphered. Therefore, based on the clinical information provided for review, the MRI is not supported given there is a lack of clearly documented neurological deficits to warrant an MRI. Therefore, the request for the MRI of the cervical spine is not medically necessary and appropriate.