

<b>Case Number:</b>	CM14-0012709		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/10/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Orthopedic Surgery, and is licensed to practice in Texas. 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 is a 46 year old female who reported an injury to her cervical spine. The clinical note dated 06/11/13 indicates the injured worker complaining of neck pain. The injured worker was also identified as having pain at the left shoulder. The clinical note dated 07/15/13 indicates the injured worker continuing with left shoulder pain. Pain was also located at the trapezius. Upon exam, the injured worker was able to demonstrate 135 degrees of left shoulder abduction with 135 degrees of flexion. The note indicates the injured worker utilizing Hydrocodone with Acetaminophen as well as Ibuprofen for pain relief. The clinical note dated 08/02/13 indicates that no inciting injury was identified. However, the injured worker stated that she has a job with continuously repetitive movements to include bending, turning, twisting, and fixing shower curtains that requires standing on her heels and toes. The injured worker stated that she had been doing this job for 12 years. The injured worker reported continuous pain that was described as dull to sharp in nature and increases with overhead activities. Lifting, pulling, and pushing all exacerbate the injured worker's pain level. There is an indication the injured worker has undergone an MRI of the left shoulder on 07/24/13. The clinical note dated 07/26/13 indicates the injured worker showing a decrease in range of motion throughout the cervical region to include 60 degrees of bilateral rotation. Moderate tenderness was identified bilaterally as well as the upper trapezius region. The therapy note dated 07/08/13 indicates the injured worker having completed 6 physical therapy sessions to date.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 8 (NECK AND UPPER BACK), 165

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

**Decision rationale:** The request for an MRI of the cervical spine without contrast is non-certified. The documentation indicates the injured worker having complaints of left shoulder and neck pain. An MRI of the cervical spine is indicated provided the injured worker meets specific criteria to include completion of all conservative treatments and the injured worker has demonstrated neurologic deficits associated with the cervical region. No information was submitted regarding the injured worker's completion of all conservative treatments with a focus on the cervical complaints. Additionally, no neurologic deficits were identified directly related to the cervical spine. There is an indication the injured worker has undergone therapy. However, this appears to have been related to the left shoulder complaints. Therefore, it appears the injured worker has not completed any conservative treatments addressing the cervical complaints. With this information, this request is not indicated as medically necessary.