

<b>Case Number:</b>	CM14-0142006		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/05/2013
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 64-year-old male, who reported an injury on 08/05/2013. The mechanism of injury was not provided. Diagnoses included status post right shoulder subacromial decompression. Past treatments were not provided. Diagnostic studies included an official electrodiagnostic study of the right upper extremity on 04/14/2014. Results revealed a normal EMG of the right upper extremity, and the NCV revealed mild right de Quervain's syndrome. Surgical history included right shoulder subacromial decompression on 11/17/2013. The clinical note dated 05/09/2014 indicated the injured worker complained of tingling, weakness, and numbness in the right upper extremity. The physical exam revealed motor strength for the right biceps and right rotator cuff rated 4/5. The treatment plan included an MRI of the cervical spine. The rationale for the treatment plan was to investigate ongoing symptoms that may be indicative of nerve impingement. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI 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: Neck and Upper Back, Magnetic resonance imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, Magnetic resonance imaging (MRI).

**Decision rationale:** The California MTUS/ACOEM Guidelines indicate that if physiologic evidence indicates tissue insult or nerve impairment, consider discussion with a consultant regarding the next steps, including the selection of an imaging test to define a potential cause. The Official Disability Guidelines go on to state that MRI of the cervical spine is recommended for chronic neck pain, after 3 months of conservative treatment, when plain x-rays are normal and there are signs and symptoms of neurologic deficit. The clinical documentation provided indicated the injured worker complained of tingling, weakness, and numbness in the right upper extremity. There is a lack of clinical documentation that the injured worker reported symptoms of chronic neck pain or had previously had x-rays of the cervical spine. Additionally, there is a lack of documentation to indicate any conservative treatment directed towards the cervical spine, including medications and physical therapy. Therefore, the treatment plan cannot be supported at this time, and the request for MRI cervical spine is not medically necessary.