

<b>Case Number:</b>	CM14-0022657		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	11/20/2007
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 and Rehabilitation 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 41-year-old female who reported an injury on 11/20/2007. The mechanism of injury was not provided within the documentation. The injured worker was reported to have injuries to her neck and bilateral shoulders. The injured worker has received multiple treatments from multiple physicians including a physician who performed a left first rib resection and neurolysis of the brachial plexus for thoracic outlet syndrome. In 01/2014, the injured worker reported weakness of the right shoulder and on physical exam was found to have probable nerve injury to the left neck and arm. Electrodiagnostic study of the left upper extremity in 01/2014 reported the injured worker could not lift the left arm, had numbness of the left lateral shoulder, and hypersensitivity to touch just below the left clavicle. The injured worker was also found to have atrophy of the posterior shoulder and lateral shoulder musculature, and paralysis of the left supraspinatus, infraspinatus, and deltoid muscles. The electrodiagnostic study showed severe left C5-6 radiculopathy causing the weakness of the left shoulder. Possibly with pathology of the left suprascapular nerve and left axillary nerve. The physician reported the findings were most constant with the deficit in the axillary nerve plexus or peripheral nerve pathology. The diagnosis for the injured worker was not provided within the documentation. The request for authorization form for medical treatment for the MRI of the cervical spine was not provided within the documentation, nor was the provider's rationale for that request. Previous treatments for the injured worker were reported to include surgery, electrodiagnostic studies, and imaging studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI WITHOUT CONTRAST, INCLUDING TRANSPORTATION TO AND FROM THE FACILITY, CERVICAL SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Magnetic resonance imaging.

**Decision rationale:** Per the Official Disability Guidelines, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, and recurrent disc herniation. The documentation provided reports that the injured worker had an MRI of the cervical spine on 03/03/2014; however, there is a lack of documentation regarding the need for a repeat MRI at this time. Therefore, the request for the MRI without contrast, including transportation to and from the facility, for the cervical spine is not medically necessary.