

<b>Case Number:</b>	CM14-0034775		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/07/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 General 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:

This is a 52-year-old female claimant who sustained a work-related injury on 04/07/11 secondary to slipping on a wet floor. She fell on an outstretched hand trying to break her fall and hyperabducted the right shoulder and then fell to the ground on the left knee. The prior treatment included physical therapy, ibuprofen, Flexeril, and naproxen. An MRI of the right shoulder in 05/2011 revealed a partial rotator cuff tear. The claimant was seen by a treating physician on 02/10/14 for right-sided neck pain and shoulder pain with some signs of cervical radiculopathy and physical examination consistent with components of thoracic outlet syndrome. It was noted the patient continued to have pain that she rated a 4-6 out of 10, burning mostly over the posterior triceps with some intermittent tingling of the right ring finger. The pain was exacerbated by repetitive, reaching and lifting and improved with massage and stretching. The Spurling's maneuver caused pain in the muscles of the neck radiating to the upper extremity. On examination of the cervical spine there was no limitation of ROM (Range Of Motion), tight muscle band and trigger point noted on the right side. There was tenderness on the superior aspect of the right deltoid and over the right supraclavicular fossa. There was decreased sensation to light touch medial aspect of the right forearm and left pinky. The diagnoses were cervicalgia (723.1) and cervical disc displacement without myelopathy (722.0). The plan was for an MRI of the cervical spine in light of Spurling's. In a letter dated 02/19/2014, the claimant was notified that the request for the cervical MRI was denied. Although the claimant had neck pain and some signs of radiculopathy, the medical information submitted for review did not indicate any presence of progressive neurological deficits. Additionally, failure of recent conservative care with PT was not documented and there was no summary of diagnostics done to date, including the possibility of a prior MRI of the cervical spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) cervical:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition Chapter: Neck and Upper Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI) Other Medical Treatment Guideline or Medical Evidence: Agreed Medical Examiner supplemental report by ██████████ in November 2013.

**Decision rationale:** The claimant has sensory loss in the right forearm. It appears that the treating physician was not aware a cervical MRI as of Feb 6, 2014 was ordered. The agreed medical evaluation (AME) had promulgated a supplemental report in November of 2013 supporting the need for cervical MRI. There has been MRI of the cervical spine on 2/6/14 at a diagnostics facility. MRI of the cervical spine dated 2/6/14 revealed degenerative changes with grade I C5-C6 retrolisthesis, mild canal stenosis at C4-C5 and C5-C6 and neural foraminal narrowing from C4-C5 through C6, severe on the right at C5-C6. The report refers to a treating physician as the ordering physician. Given the sensory loss and the AME (Agreed Medical Examination) supplemental report supporting a cervical MRI, the request for Magnetic resonance imaging (MRI) cervical is medically necessary and appropriate.