

<b>Case Number:</b>	CM14-0040249		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/04/2013
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Nevada. 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 was reportedly injured on 5/4/2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 2/25/2014, indicated that there were ongoing complaints of low back pain with radiculopathy to the legs and pain in the right shoulder. The physical examination revealed cervical spine positive tenderness to palpation over the para-axial musculature, with spasm present. Range of motion was limited. Right shoulder had positive tenderness to palpation over the tip of the acromion and supraspinatus tendons. Positive impingement testing and drop arm test were equivocal on the right. Range of motion was limited. Muscle strength 4/5 on the right and 5/5 on the left upper extremity. Decreased sensation over the C5-C6 and C-7 nerve roots on the right upper extremity. Lumbar spine had positive tenderness to palpation of the para-axial musculature with spasticity. Referred pain in the buttocks and lower extremities. There was difficulty with toe-heel walking limited range of motion. Positive straight leg raise bilaterally at 60. Decreased sensation over the L4-L5 and L5-S1 nerve roots on the right and left side. No recent diagnostic studies were available for review. Previous treatment included physical therapy, acupuncture, medications and conservative treatment. A request was made for magnetic resonance image of the cervical spine and magnetic resonance image of the right shoulder and was not certified in the pre-authorization process on 3/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** Cervical spine magnetic resonance images are recommended for patients with acute and sub-acute direct flight conditions. These conditions include: Acute cervical pain with progressive neurological deficit; significant trauma with no improvement in significantly painful or debilitating symptoms; a history of neoplasia (cancer); multiple neurological abnormalities that span more than one neurological root level; previous neck surgery with increasing neurological symptoms; fever with severe cervical pain; or symptoms or signs of myelopathy. After review of the medical documentation provided, the injured worker did have decreased sensation of the right upper extremity along the C5-C6, and C7 nerve roots. However, the patient did not have clinical findings suggestive of a progressive neurological deficit. The treating physician failed to discuss any plans of treatment. Therefore, this request is deemed not medically necessary.

**MRI right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207.

**Decision rationale:** California guidelines do not support specialized imaging studies prior to 6 weeks of activity limitation, unless a red flag is noted. After 6 weeks of activity limitation, support of specialized imaging studies may be considered when physiological evidence of neurovascular dysfunction is noted, there is failure to progress in a strengthening program that is intended to avoid surgery, or for clarification of anatomy prior to an invasive procedure. Based on the clinical data provided, it cannot be determined that any of the above criteria are present in this setting. In the absence of additional documentation to substantiate the medical necessity of the proposed diagnostic procedure, this request is deemed not medically necessary.