

<b>Case Number:</b>	CM14-0040520		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/24/2012
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/31/2014
<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 Occupational Medicine and is licensed to practice in California. 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 39-year-old male patient with a 5/24/12 date of injury. He injured himself during a lifting incident and felt sudden pain in his right shoulder and arm. A progress report dated 3/5/14 indicated that the patient continued to have pain despite all treatment. He received several trigger point injection with transient pain relief. Physical exam of the cervical spine was relatively unchanged from his last office visit. Pain was 9/10 on the VAS scale. There was severe pain in the suboccipital, paravertebral, cervical, and trapezius in the right side more than in the left side. This extended to the shoulder and right biceps, and into the upper extremity. Manipulation of the right upper extremity showed pain in the shoulder joint to the right biceps. There were also tactile allodynia, hyperpathia, trace edema, hyperhidrosis and discoloration in the right arm below the elbow. There was decreased range of motion of the right wrist and significant temperature difference between right and left hands. He was diagnosed with Right upper extremity complex regional pain syndrome progressive and severe despite treatment), Myofascial pain in the right cervical, trapezius and scapular areas, and Shoulder injury, s/p surgery. Treatment to date: medication management, physical therapy, TENS unit, and trigger point injections. There is documentation of a previous 4/7/14 adverse determination, based on the fact that there was no progression since the last MRI, the cervical MRI was not certified. The shoulder MRI was not certified, because there was no red flag indications of the shoulder to update the patient's previous MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) cervical spine.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The patient presented with the pain in his neck, right shoulder and right upper extremity. In a recent progress note dated 3/5/14, his pain level was 9/10 on the VAS scale. In addition, there was documentation supporting failure of medication management. However, a recent neurological exam corroborating specific focal neurologic deficits was not made available for review. Therefore, the request for MRI cervical without contrast was not medically necessary.

**MRI right shoulder without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 20-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) (SHOULDER CHAPTER, MRI).

**Decision rationale:** CA MTUS criteria for imaging include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. In addition, ODG criteria for shoulder MRI include normal plain radiographs, shoulder pain, and suspected pathology likely to be demonstrated on MRI. The patient presented with the pain in his neck and right shoulder. Physical exam dated on 3/5/14 demonstrated severe pain in the suboccipital, paravertebral, cervical, and trapezius in the right side more than in the left side. This extended to the shoulder and right biceps, into the upper extremity. Manipulation of the right upper extremity showed pain in the shoulder joint to the right biceps. There were also tactile allodynia, hyperpathia, trace edema, hyperhidrosis and discoloration in the right arm below the elbow. In addition, there was documentation supporting failure of all type of treatment including physical therapy. His pain level in the recent progress note, dated on 3/5/14, was 9/10 on the VAS scale despite treatment. In addition guidelines support MRI in case of failure to progress in a strengthening program. Therefore, the request for MRI right shoulder without contrast was medically necessary.

