

<b>Case Number:</b>	CM14-0061585		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/13/2003
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Family Practice and is licensed to practice in Mississippi and 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 female of an unknown age who reported a date of injury of 05/13/2003. The mechanism of injury was not indicated. Diagnoses included an unspecified shoulder disorder. Prior treatments were not indicated within the medical records received. The injured worker had an x-ray of the cervical spine on 01/22/2014 with unofficial findings indicating the injured worker's fusion appeared to be solid and stable. The official x-ray report was not included within the medical records provided. Surgeries included an anterior cervical fusion of unknown date. The injured worker had complaints of pain in the left shoulder and arm extending into the neck. The clinical note dated 04/16/2014 noted the injured worker had guarded range of motion in the cervical spine with complaints of moderate pain with extremes of motion and extension produced pain in the left scapula. The injured worker had significant pain with any left shoulder motion, a positive impingement sign was noted, and she had a component of give-way weakness in the upper left extremity due to the magnitude of pain. During this examination a steroid injection was performed to the injured worker's left shoulder joint. Medications were not indicated within the medical records provided. The treatment plan included unspecified medications and for the injured worker to follow up. The rationale and request for authorization form were not provided within the medical records received.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI(Magnetic Resonance Imaging) scan of left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-9. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The request for a MRI (Magnetic Resonance Imaging) scan of the left shoulder is not medically necessary. The injured worker had complaints of pain in the left shoulder and arm extending into the neck. The California MTUS/ACOEM guidelines indicate special studies are not warranted for the shoulder unless a 4-6 week period of conservative care and observation fails to improve symptoms, with impingement syndrome managed in the same manner. The guidelines indicate MRI's are best indicated for identifying and defining pathology for a rotator cuff tear, recurrent dislocation and infections of the shoulder. There is a lack of documentation indicating the injured worker has undergone recent conservative care which failed to alleviate her symptoms. There is a lack of documentation indicating the injured worker has significant objective functional deficits and significant findings upon physical examination indicative of deficit in the shoulder. As such, the request is not medically necessary.

**MRI(Magnetic Resonance Imaging) of cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

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

**Decision rationale:** The request for a MRI (Magnetic Resonance Imaging) of cervical spine is not medically necessary. The injured worker had complaints of pain in the left shoulder and arm extending into the neck. The California MTUS/ACOEM guidelines indicate special studies are not warranted for most patients with true neck or upper back problems, unless a 3-4 week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies include physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program and clarification of the anatomy prior to an invasive procedure. Guidelines indicate cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise. The guidelines indicate a 4-6 week period with observation should be implemented prior to ordering imaging studies and are non-responsive to a strengthening program. However, there is a lack of documentation the injured worker failed a 3-4 week period of conservative care with observation, as well as, there is a lack of evidence the injured worker attended a strengthening program to demonstrate the need for MRI. Furthermore, the injured worker's injury was on 05/13/2003, guidelines indicate cervical radiographs for acute trauma associated with midline vertebral tenderness. There is a lack of documentation the injured worker had a recent acute trauma of the cervical spine with associated midline vertebral tenderness. There is a lack of documentation with objective findings indicative the injured worker had

significant functional deficits, tissue insult or neurovascular dysfunction. As such, the request is not medically certified.