

<b>Case Number:</b>	CM14-0061651		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/07/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 44 year old female who had a work-related injury on 01/07/12. She had been training an employee over the telephone for the past 3 days, at 8-12 hours each day, during which time the headset broke so she had to cradle the telephone from the receiver between her head and right shoulder, causing her to bend her neck in an uncomfortable position. At the end of these 3 days, the injured worker began experiencing pain and stiffness in her neck and right shoulder. The injured worker has been treated with physical therapy, pain management specialist, MRI of the right shoulder from 03/31/12 showed some elevated signal in the right supraspinatus tendon. MRI studies of the cervical spine from 04/07/12 showed facet hypertrophy with disc bulging at C5-C6 with mild to moderate right-sided foraminal stenosis. The injured worker had a prior epidural steroid injection in July of 2012. However, duration of relief from the epidural was not specified. Most recent documents submitted for review was dated 03/18/14. The injured worker complained of constant neck pain radiating to the left upper extremity which was rated 6/10 on the visual analog scale. Constant right shoulder pain, which was rated 7/10. Physical examination noted cervical spine range of motion flexion to 40 degrees. Extension to 50 degrees. Right lateral flexion to 60 degrees. Left lateral flexion to 60 degrees. Right lateral rotation to 40 degrees. Left lateral rotation to 40 degrees. Right shoulder range of motion, forward flexion 100 degrees. Abduction 100 degrees. Click and pop impingement positive on the right. Limited due to pain. Diagnoses include cervical radiculopathy, right shoulder internal derangement, and adjustment disorder. Prior utilization review dated 04/04/14 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the cervical spine without contrast: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS 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) Neck chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** The request for Magnetic Resonance Imaging (MRI) of the cervical spine without contrast is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. No signs of progressive neurologic deficit, and no red flags documented. Therefore medical necessity has not been established.

**Magnetic Resonance Imaging (MRI) of the right shoulder without contrast: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** The request for Magnetic Resonance Imaging (MRI) of the right shoulder without contrast is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is no significant change on physical exam. Therefore medical necessity has not been established.