

<b>Case Number:</b>	CM14-0199414		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	11/05/2008
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/28/2014

### 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, has a subspecialty in Interventional spine 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:

The patient is a 49-year-old female with an injury date of 11/05/08. Based on the progress report of 11/11/14, the patient complains of worsening bilateral shoulder pain rated 7/10, that radiates into the upper extremities. Physical examination of the cervical spine on 11/11/14 revealed paravertebral muscle tenderness with spasm and limited range of motion. Hawkins and impingement tests were positive. Treater's reason for the request is "the patient has had cervical spine pain with arm pain/numbness lasting longer than 4-6 weeks." Diagnosis 11/11/14:- Shoulder Region Dis, NEC.- Cervicalgia. The utilization review determination being challenged is dated 11/20/14. The rationale is "lack of documentation for changes in the patient's condition" Treatment reports were provided from 03/18/14 to 11/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability

## Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Magnetic resonance imaging (MRI)

**Decision rationale:** Patient presents with worsening pain in bilateral shoulders, rated 7/10, that radiates into the upper extremities. The request is for an MRI of the cervical spine. Patient's diagnosis on 11/11/04 included shoulder region dis and cervicgia. Physical examination of the cervical spine on 11/11/14 revealed paravertebral muscle tenderness with spasm and limited range of motion. Hawkins and impingement tests were positive. Regarding MRI, uncomplicated Neck pain, chronic neck pain, ACOEM Chapter: 8, pages 177-178 states: "Neck and Upper Back Complaints, under Special Studies and Diagnostic and Treatment Considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist." ODG Guidelines, Neck and Upper Back (Acute and Chronic) chapter, Magnetic resonance imaging (MRI) states:"Not recommended except for indications list below. Indications for imaging --MRI (magnetic resonance imaging):- Chronic neck pain (after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present.- Neck pain with radiculopathy if severe or progressive neurologic deficit".There is no record of prior MRI in the documentation provided. Patient presents with radiating symptoms which is neurologic symptom indicated by ODG. Therefore the request is medically necessary.