

<b>Case Number:</b>	CM14-0200724		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	01/08/2013
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 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 46 year old female with an injury date of 01/08/13. Based on the 08/05/14 progress report, the patient complains of bilateral shoulder pain, swelling of the right shoulder, and pain in the right small finger. She has a positive impingement sign, positive Neer's test, and a positive Hawkins test. The 09/09/14 report states that the patient has tenderness to palpation. No further exam findings were provided. The 10/14/14 report indicates that she has increased left shoulder pain with a decrease in range of motion. She has cervical spine pain and pain in her upper extremities. The patient's diagnoses include the following: Cervico-trapezius strain left mild Right upper extremity sprain/strain Right hand wrist tendonitis flexor/extensor Right shoulder. The utilization review determination being challenged is dated 11/03/14. Treatment reports were provided from 03/18/14- 11/18/14. These reports were brief, hand-written, and illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging) of the cervical spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic Resonance Imaging (MRI).

**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 & Chronic), Magnetic Resonance Imaging (MRI).

**Decision rationale:** The patient presents with pain/swelling in her right thumb, neck pain, bilateral shoulder pain, and right elbow pain which radiates to her right wrist. The request is for an MRI of the cervical spine without contrast. 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 & 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 any prior MRI of the cervical spine in the documentation provided. The reason for the request was not provided. In this case, the patient has bilateral shoulder pain, swelling of the right shoulder, pain in the right small finger, cervical spine pain and pain in her upper extremities. ODG Guidelines do not support MRIs unless there are neurologic signs & symptoms. In this case, the patient does not present with any red flags such as myelopathy, bowel/bladder symptoms, or radiating pain. The patient has mostly shoulder pains, some pain in the upper extremities, and some reports describe neck pain. Radicular symptoms or radiating pain into the arm from a potential nerve root pain is not well described. The requested MRI of the cervical spine is not medically necessary.