Case Number:	CM14-0204384		
Date Assigned:	12/16/2014	**Date of Injury:**	08/22/2013
Decision Date:	02/12/2015	**UR Denial Date:**	11/20/2014
Priority:	Standard	**Application Received:**	12/08/2014

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:

44 year old right-handed female cashier injured her right shoulder and neck at work on 22 Aug 2013. She was diagnosed with cervicalgia, right shoulder impingement syndrome and partial-to-full thickness tear of the supraspinatus tendon. Comorbid conditions include obesity (BMI 38). On her last visit (1 Dec 2014) she complained of continued pan in her neck and right shoulder with numbness down her arm. On examination she had full range of motion of her right shoulder with positive impingement signs (Neer and Hawkins tests positive). Stress on the supraspinatus reproduces her pain. There was neck tenderness in the C4-6 area and altered sensation in the C5 nerve distribution. Right shoulder X-ray (22 Nov 2013) showed minor degenerative changes at the acromio-clavicular joint. Right shoulder MRI (4 Dec 2013) showed high-grade partial-to-full tear of the anterior supraspinatus tendon. Treatment has included physical therapy, cortisone injection into the right shoulder and medication (meloxicam, tramadol and gabapentin).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI C-Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 172, 177-178, 184-8. Decision based on Non-MTUS Citation Other

Medical Treatment Guideline or Medical Evidence: American College of Radiology, Appropriateness Criteria for the Imaging of Chronic Neck Pain, Revised 2013

Decision rationale: MRI scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the neck are indicated in acute injuries with associated "red flags", that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patients symptoms, electromyelography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. For this patient the conservative treatment provided has not been effective in resolving the patient's symptoms. The most recent exam does describe vague abnormal sensation signs that could be attributed to cervical disc disease. Although an EMG/NCV test should be performed to identify the more subtle neurologic abnormalities and thus direct further studies or therapies, at this point in the care of this individual a cervical MRI of the neck is supported by the MTUS guidelines and the American College of Radiology's appropriateness criteria for the imaging of chronic neck pain.