

<b>Case Number:</b>	CM14-0206985		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	11/02/2005
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: Arizona, California  
Certification(s)/Specialty: Family Practice

### 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 43 year old male who suffered a work related injury on 11/02/05. Per the physician notes from 09/24/14, he complains of residual pain in the right shoulder and numbness and weakness in the right arm. His treatment plan consists of pain medications, MRI of the shoulder and cervical spine. An MRI of the cervical spine previously in 2007 showed stenosis from C5-C7. He had a previous MRI of the right shoulder in April 2014 which . A progress note on 9/14/15 indicated the claimant had progressive numbness and weakness. Exam findings were notable for difficulty with deltoid abduction and weakness in the C5-C6 distribution. ON 11/26/14, the Claims Administrator non-certified both MRIs, citing ACOEM and ODG guidelines. The non-certified treatment were subsequently appealed for Independent Medical Review.

### 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 without contrast:** Upheld

**Claims Administrator 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, Neck and Upper Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The symptoms are consistent with prior stenosis. If there was a plan for possible surgery then a recent MRI would be justified. Based on plan of care and clinical information, the request for an MRI of the cervical spine is not medically necessary.

**MRI of the right shoulder without intra articular contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

**Decision rationale:** According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery based on an MRI that was performed 6 months earlier. The MRI request of the shoulder is not medically necessary.