

<b>Case Number:</b>	CM14-0209146		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Rehab, 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 56 year old male with an injury date of 07/01/13. Based on the 10/10/14 progress report provided by treating physician, the patient complains of constant lower back pain (unrated) with radiating numbness and tingling down the posterior aspect of the left lower extremity through the sole of the foot. Additionally, patient complains of cervical spine pain which radiates through the cervicobrachial region and right shoulder, with aching sensations in the right arm with intermittent numbness and pain to the 3rd through 5th digits. Patient is status post arthroscopic repair to the right shoulder in January 2014. Physical examination dated 10/10/14 revealed well maintained cervical range of motion, tenderness, spasm, and guarding at the base of cervical spine with decreased biceps reflex, weakness, and subjective sensation to the right upper extremity. The patient is currently prescribed Naproxen and Protonix. Diagnostic evaluations included electrodiagnostic evaluation of the upper extremities dated 10/10/14, discussion notes: "... evidence for an early developing right median mononeuropathy at the wrist. This right carpal tunnel syndrome is characterized by early sensory slowing. The normal electromyography would argue against a concurrent denervating right cervical radiculopathy or brachial plexopathy." Patient is advised to remain off work if modified light duty is not an option. Diagnosis 10/10/14- Internal derangement, right shoulder, status post arthroscopic repair with:a) Repair of large rotator cuff tearb) Debridement of SLAP lesionc) Subacromial decompression- Rule out radiculopathy, right upper extremity, C6-C7- Lumbar disc herniation with right S1 radiculopathyThe utilization review determination being challenged is dated 12/02/14. The rationale is: "The cited guidelines do not support this request... guidelines state unequivocal objective findings that identify specific nerve compromise on neurological examination... further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Treatment reports were provided from 05/12/14 to 10/10/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/14)

**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) chapter, Magnetic resonance imaging (MRI)

**Decision rationale:** The patient presents with cervical spine pain which radiates through the cervicobrachial region and right shoulder, with aching sensations in the right arm with intermittent numbness and pain to the 3rd through 5th digits. Patient is status post arthroscopic repair to the right shoulder in January 2014. The request is for MRI CERVICAL SPINE. Physical examination dated 10/10/14 revealed well maintained cervical range of motion, tenderness, spasm, and guarding at the base of cervical spine with decreased biceps reflex, weakness, and subjective sensation to the right upper extremity. The patient is currently prescribed Naproxen and Protonix. Electrodiagnostic study dated 10/10/14 was included with the report. Patient is advised to remain off work if modified light duty is not an option. 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" Progress reports dated 10/10/14 indicate that the patient suffers from pain to the cervical spine right arm which is unresponsive to conservative therapy such as NSAIDS and physical therapy and requested the cervical MRI to rule out cervical radiculopathy as a causative factor. The included electrodiagnostic study concludes that the patient's symptoms arise from nerve entrapment of the wrist, and also argue against right cervical radiculopathy or brachial plexopathy as the origin of symptoms. There are no red flags, or progressive neurologic deficits. However, the patient does present with radicular symptoms. The symptoms have persisted despite conservative care. The patient has not had an MRI of C-spine to date. The request IS medically necessary.