

<b>Case Number:</b>	CM15-0000146		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	10/28/2011
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: North Carolina  
 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 58 year old male, who sustained an industrial injury on 10/28/11 that was described as cumulative from repetitive lifting, carrying, pulling, pushing, bending, and kneeling over time. He has reported symptoms of recurrent pain and 'flare ups' in shoulders, elbows, neck, upper and lower back. The diagnoses have included arthropathy, tenosynovitis of the hand and wrist, synovitis and tenosynovitis, lateral epicondylitis of elbow, mononeuritis of upper limb and mononeuritis multiplex sprain and strain of other sites of shoulder and upper arm, osteoarthritis, unspecified whether generalized or localized, shoulder region, other affections of shoulder region, not elsewhere classified. An evaluation was done on 12/3/14 with symptoms of pain in the shoulders, elbows, neck, upper and lower back. Diagnostics included a magnetic resonance imaging (MRI) of the cervical spine and bilateral shoulders. The report demonstrated C5-C6 and C6-7 broad based central disc protrusion effacing the thecal sac, mild discogenic spondylosis, C4-C7. The shoulder demonstrated suproapinuous tendinosis, mild acromioclavicular arthrosis, superior humeral migration with subacromial space impingement, and subcoracoid effusion. Treatments included: shockwave therapy, injections, physical therapy, chiropractic treatment, transcutaneous electrical stimulation unit, and medications. An orthopedic surgeon was also recommended. Work status was temporary total disabled. On 12/12/14, Utilization Review non-certified a magnetic resonance imaging (MRI) of the cervical spine as an outpatient, noting the MTUS Chronic Pain Medical Treatment guidelines as well as CA MTUS Neck and Upper Back Complaints. (ACOEM Practice Guidelines in their decision.)

## **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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are:-Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction-Failure to progress in a strengthening program intended to avoid surgery-Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for a MRI of the neck and the request is not certified.