

Case Number:	CM15-0002411		
Date Assigned:	01/13/2015	Date of Injury:	03/08/2013
Decision Date:	03/09/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/06/2015

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 male who sustained an industrial related injury on 3/8/13 after a slip and fall accident. A physician's report dated 12/11/14 noted the injured worker had complaints of left shoulder and left wrist pain. Left posterior lateral neck and upper back pain, numbness, and paresthesias were noted. The injured worker was status post left shoulder arthroscopy with subacromial decompression involving the anterior acromioplasty, release of the coracoacromial ligament, and subacromial bursectomy with a rotator cuff repair on 12/11/13. Physical examination findings included tenderness to palpation of the paracervical, levator scapulae, medial trapezius and parascapular muscles. Levator scapulae and trapezius muscle spasms were detected. Spinous processes were normally aligned and nontender to palpation. Diagnoses included left cervical strain with left upper extremity C8 cervical radiculopathy, left carpal tunnel syndrome, and left elbow cubital tunnel syndrome (based on EMG/NCV in 2013 and 2014). On 12/11/14, subjective complaints were notable for 6/10 pain and left upper back numbness. Objective findings were notable for positive impingement findings in the left shoulder with a normal motoe and sensory exam in the upper extremities. There were hypesthesia in the left hand. Spurling's signs was positive in the neck. On 1/6/15 the treating physician requested 1 MRI without contrast for the cervical spine as an outpatient. On 12/29/14 the request for 1 MRI without contrast for the cervical spine as an outpatient was non-certified. The utilization review (UR) physician cited the American College of Occupational and Environmental Medicine. The UR physician noted the medical records do not indicate how the MRI would alter the injured

worker's treatment in view of the symptoms being chronic and no indication of any progressive neurological deficits. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI without contrast for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Cervical and Thoracic Spine: Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine%20Table%202,%20Summary%20of%20Recommendations,%20Cervical%20and%20Thoracic%20Spine%20Disorders)

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 were chronic and physical exam confirmed prior EMG findings. The request for an MRI was not justified in the clinical documentation. The request for an MRI of the cervical spine is not medically necessary.