

<b>Case Number:</b>	CM15-0006875		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 35 year old female, who sustained an industrial injury on 8/27/13. She has reported pain in right upper extremity from the elbow to the shoulder and right side of neck. The diagnoses have included right shoulder SIS and gastroesophageal reflux with Naprosyn. Treatment to date has included medications and physical therapy. (MRI) magnetic resonance imaging performed on 2/5/14 of right upper extremity revealed mild deltoid muscle edema, suspect supraspinatus tendon partial thickness tearing and no acute osseous abnormality. Currently, the IW complains of right shoulder pain, intermittent right lateral neck pain and sleep disturbance because of right shoulder pain. Physical exam of right shoulder revealed tenderness anterolateral subacromial and lateral deltoid with positive impingement and positive supraspinatus sign and limited range of motion. On 12/16/14 Utilization Review non-certified (MRI) magnetic resonance imaging of cervical spine, noting the records did not document physiologic evidence of tissue insult or nerve impairment that would support (MRI) magnetic resonance imaging of the cervical spine. The MTUS, ACOEM Guidelines, was cited. On 1/9/15, the injured worker submitted an application for IMR for review of (MRI) magnetic resonance imaging without contrast to cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast of the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)

**Decision rationale:** Based on the 09/20/14 QME report provided by treating physician, the patient presents with neck pain rated 5-7/10, that radiates down to the right arm to hand and fingers, and constant right shoulder pain. The request is for MRI WITHOUT CONTRAST OF THE CERVICAL SPINE. Patient's medications include Naprosyn and Ranitidine. The patient is working modified duty with restrictions. ACOEM Guidelines, chapter 8, page 177 and 178, state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. ODG Guidelines, chapter 'Neck and Upper Back (Acute & Chronic)' and topic 'Magnetic resonance imaging (MRI)', have the following criteria for cervical MRI: (1) Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present (2) Neck pain with radiculopathy if severe or progressive neurologic deficit (3) Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present (4) Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present (5) Chronic neck pain, radiographs show bone or disc margin destruction (6) Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal" (7) Known cervical spine trauma: equivocal or positive plain films with neurological deficit (8) Upper back/thoracic spine trauma with neurological deficit. The records do not show any previous MRI of the cervical spine. Per progress report dated 11/20/14, treater is requesting MRI of the cervical spine due to right cervical strain. The patient does presents with radicular symptoms although examination findings are scant. ODG guidelines support MRI of C-spine for neurologic signs or symptoms. Given the patient's significant radicular symptoms, an MRI of C-spine to r/o disc herniation or stenosis is consistent with the guidelines. The request IS medically necessary.