

<b>Case Number:</b>	CM15-0104698		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	09/23/2014
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 (IW) is a 24 year old male who sustained an industrial injury on 09/23/2014. He reported cumulative trauma-type injuries. The injured worker was diagnosed as having a left shoulder bursitis, and chronic left trapezius strain. Treatment to date has included physical therapy, diagnostic tests MRI of the shoulder, and steroid injections. Currently, the injured worker complains of left shoulder pain rated as a 7/10 that is constant, sharp and burning. Sleeping on the shoulder makes it worse, immobility makes it better. On palpation there is tenderness along the left trapezius muscle on the left. Range of motion is unrestricted in all planes. Cervical spine motions are without complaints of pain or radiculopathy. Spurlings is negative. Impingement test is negative in the shoulder. Hawkins is negative. There is a negative cross arm adduction test, and apprehension sign is negative. There are no neurologic deficits and motor strength is normal. The worker has failed improvement with physical therapy, corticosteroid injections and anti-inflammatories. The MRI of the shoulder did not show any specific pathology requiring surgical intervention. A prescription refill for Norco was given. The worker is to continue modified duty and the worker is to be seen by pain management. A request for authorization is made for a MRI of cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of cervical spine:** Upheld

**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): 182.

**Decision rationale:** According to MTUS guidelines, MRI of the cervical spine is recommended if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. There is no clinical evidence of anatomical defect or nerve compromise suggestive of a new pathology, in this case. Therefore, the request for an MRI of cervical spine is not medically necessary.