

<b>Case Number:</b>	CM15-0109901		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: 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 was a 33 year old female, who sustained an industrial injury, May 30, 2014. The injury was sustained when the injured worker was pushing some boxes and developed a sharp pain in the left arm shoulder and neck. The injured worker previously received the following treatments Tylenol #3, Naproxen, Tizanidine, Ultracet, 6 sessions of physical therapy, 6 sessions of acupuncture and chiropractic therapy. The injured worker was diagnosed with cervical sprain, sprains/strains of the shoulder and upper arm. According to progress note of April 15, 2015, the injured workers chief complaint was upper back and left shoulder pain. The pain in the neck and pain with rotation on the left side was limiting range of motion due to the neck pain. The injured worker was crying during the visit due to inability to rock climb with son, due to swelling in the thoracic region and then cannot sleep on side. The injured worker had tried to sleep sitting up. The physical exam noted restricted lateral rotation to the left, lateral rotation to the right of the cervical spine with normal flexion and extension. The upper extremity reflexes were equal and symmetric. The sensation to the upper extremities was grossly intact. The examination of the left shoulder noted positive Hawkin's and Neer's testing. There was tenderness with palpation of the biceps groove. The treatment plan included cervical spine MRI and left shoulder MRI.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI.

**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 new 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 medically necessary.

**MRI of the left shoulder:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

**Decision rationale:** The ACOEM chapter on shoulder complaints and imaging states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Criteria have been met for imaging per the provided clinical documentation and therefore the request is medically necessary.