

<b>Case Number:</b>	CM15-0163817		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 53 year old male, who sustained an industrial injury on 9-19-14. The injured worker has complaints of right shoulder, right upper arm; right elbow, right hand, right wrist and right side of neck pain with numbness. The documentation noted that there is tenderness and pain on examination. The diagnoses have included strain and sprain of the shoulder; rotator cuff tear and sprain and strain of the wrist. Treatment to date has included magnetic resonance imaging (MRI) right shoulder on 1-28-15 showed moderate supraspinatus tendinopathy and partial tear without full-thickness tear, minimal infraspinatus tendinopathy; magnetic resonance imaging (MRI) of cervical spine on 4-30-15 showed bulge osteophyte complex with uncovertebral osteophyte C4-5 thru C6-7 with severe foraminal stenosis and mild central canal narrowing; injections; physical therapy; electromyography/nerve conduction study on 5-21-15 showed a decreased conduction velocity with decreased amplitude, moderate radial neuropathy at the shoulder; right shoulder rotator cuff repair on 5-26-15; right shoulder X-ray on 6-3-15 showed no fracture, no dislocation, joint spaces well preserved and normal alignment; tramadol ibuprofen and cyclobenzaprine. The request was for magnetic resonance imaging (MRI) of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) MRI of the cervical spine: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging.

**Decision rationale:** The patient was injured on 09/19/14 and presents with pain in his right shoulder, right upper arm, right elbow, right hand, right wrist and neck. The request is for ONE MRI OF THE CERVICAL SPINE. The RFA is dated 08/06/15 and the patient is to remain off work until 10/16/15. The patient had a prior MRI of the cervical spine on 04/30/15, which revealed bulge osteophyte complex with uncovertebral osteophyte C4-5 thru C6-7 with severe foraminal stenosis and mild central canal narrowing. Regarding MRI, the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: "Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory tests, or bone scans." ACOEM further states that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist." ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging states: "Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit." The patient is diagnosed with strain and sprain of the shoulder; rotator cuff tear and sprain and strain of the wrist. The 08/04/15 report states, "In regards to the neck, he continues to report very minimal pain." He has decreased sensation in the right C6 dermatome to light touch and pinprick. The reason for the request is not provided. The patient had a prior MRI of the cervical spine on 04/30/15. In this case, there is no evidence of any progressive neurologic deficit to warrant an updated MRI. ODG Guidelines do not support MRI unless there are neurologic signs/symptoms. The patient does not present with any red flags such as myelopathy or bowel/bladder symptoms. Therefore, the requested MRI of the cervical spine IS NOT medically necessary.