

<b>Case Number:</b>	CM15-0166675		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	12/28/2010
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 49 year old female, who sustained an industrial injury on 12-28-10. The diagnoses have included cervical Herniated Nucleus Pulposus (HNP) with chronic sprain and strain, status post arthroscopic subacromial decompression and partial distal claviclectomy on 2-10-12, right shoulder overuse syndrome and left shoulder sprain and strain. Treatment to date has included medications, activity modifications, work modifications, diagnostics, surgery, and other modalities. Currently, as per the physician progress note dated 7-9-15, the injured worker complains of left shoulder pain, and severe neck pain. The current medications included Norco, Naprosyn, Prilosec, Xanax and topical creams. The objective findings-physical exam reveals that the bilateral shoulders have decreased range of motion with flexion 150 out of 180 degrees bilaterally, abduction 140 out of 180 degrees bilaterally, internal rotation 60 out of 80 degrees bilaterally and external rotation 70 out of 90 degrees bilaterally. The hand grip is 40-35-30 on the right and 30-35-35 on the left. The physician notes that the injured worker has not had a Magnetic Resonance Imaging (MRI) of the cervical spine in 3 years. The physician requested treatment included Magnetic Resonance Imaging (MRI) of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The patient presents on 07/09/15 with moderate pain in the left shoulder, elbow, and hand with associated numbness and tingling in the affected extremity. The patient's date of injury is 12/28/10. Patient is status post left shoulder subacromial decompression and claviclectomy on 02/10/12, status post right shoulder subacromial decompression at a date unspecified, and status post left carpal tunnel release. The request is for MRI cervical. The RFA is dated 07/09/15. Physical examination dated 07/09/15 reveals decreased range of motion in all planes in the bilateral shoulders, intact upper extremity sensation, and decreased grip strength in the left hand. The patient is currently prescribed Norco, Naprosyn, and Xanax. Patient is currently not working. MTUS/ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit." In regard to the request for an MRI of the cervical spine, treater has not provided evidence of progressive neurological deficit. In this case, the patient presents with significant chronic pain in the left shoulder, with reduced grip strength in the left hand and otherwise intact sensation in the bilateral upper extremities. Worth noting, this patient is status post carpal tunnel release on the left side, which could account for her reduced grip strength. Per progress note dated 07/09/15, the provider states the reason for the request: "I have reviewed our chart, and the patient has not had an MRI of the cervical spine in 3 years. So I am going to order a new cervical MRI. She also is having radiculopathy." While the provider feels as though repeat imaging is appropriate for this patient, without documentation of progressive neurological deficit or other red flags which are clearly indicative of ongoing cervical pathology, repeat MRI imaging cannot be substantiated. The request is not medically necessary.