

<b>Case Number:</b>	CM15-0181113		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	12/10/2009
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 is a 46 year old male, who sustained an industrial injury on December 10, 2009. Medical records indicate that the injured worker is undergoing treatment for right carpal tunnel syndrome, right shoulder impingement, bilateral shoulder pain, situational depression and rule out cervical spine radiculopathy. The injured worker was temporarily totally disabled. Current documentation dated August 10, 2015 notes that the injured worker reported bilateral shoulder pain, right greater than the left. The pain was rated as moderate at rest and moderate to severe with activity. The pain was described as constant and aching. The injured worker also noted ongoing pain that radiated from his neck to his shoulder and down the arm below the level of the elbow. He also noted intermittent numbness and tingling in both hands. Examination of the cervical spine revealed tenderness at the cervical thoracic junction. Lateral range of motion caused shoulder pain. Examination of the right shoulder and upper extremity revealed diminished sensation to light touch in the lateral upper arm and a decreased range of motion. Pain was noted with resisted strength testing. Examination of the left shoulder and upper extremity revealed a decreased range of motion. Strength was minimally compromised by pain. Sensation of the left upper extremity was intact. The treating physician notes that the injured workers radicular symptoms had intensified. Treatment and evaluation to date has included medications, MRI of the cervical spine (2-6-2013), ice-heat applications, physical therapy, steroid injections, activity modification, a home exercise program, right shoulder arthroscopy on 4-19-2013 and a left shoulder arthroscopy on 1-14-2014. The MRI of the cervical spine (2013) showed unchanged mild cervical disc bulges and uncovertebral spurring

with central canal and foraminal stenosis. Current medications include Flexeril, Oxycodone, Oxycodone ER, Percocet and Valium. The treating physician's request for authorization dated August 11, 2015 included a request for an MRI of the cervical spine without contrast. The Utilization Review documentation dated August 17, 2015 non-certified the request for an MRI of the cervical spine without contrast.

### **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 without contrast: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, MRI cervical spine.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, MRI cervical spine without contrast is not medically necessary. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness with no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The criteria for ordering an MRI of the cervical spine include the emergence of a red flag, physiologic evidence of tissue insult when nerve impairment, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery. In this case, the injured worker's working diagnoses are status post arthroscopy posterior labral tear repair, left shoulder; status post arthroscopy with panscapulolabral reconstruction and debridement of rotator cuff, right shoulder with ongoing pain; situational depression; and rule out cervical radiculopathy. Date of injury is December 10, 2009. Request authorization is August 11, 2015. The injured worker is status post bilateral shoulder arthroscopies. The documentation indicates the injured worker had an MRI of the cervical spine in 2010 and 2013 and the results showed mild disc bulges. According to the August 10, 2015 progress note, the injured worker has ongoing bilateral shoulder pain and ongoing neck pain that radiates to the shoulders. Objectively, there is tenderness to palpation at the cervical - thoracic junction. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression,

recurrent disc herniation). There are no significant changes in subjective symptoms and no objective findings suggestive of significant pathology. As noted above, the injured worker had two prior cervical MRIs. There is no unequivocal objective findings and identify specific nerve compromise. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating to prior cervical MRIs with mild disc bulges, no red flags and no significant change in subjective symptoms and no objective findings suggestive of significant pathology, MRI cervical spine without contrast is not medically necessary.