

<b>Case Number:</b>	CM15-0187065		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 43-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of January 24, 2013. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve a request for MRI studies of the shoulder and cervical spine. The claims administrator referenced an August 12, 2015 office visit and an associated RFA form of August 25, 2015 in its determination. The applicant's attorney subsequently appealed. On said August 12, 2015 office visit, the applicant reported multifocal complaints of neck, bilateral shoulders, and bilateral wrists pain. Radiation of pain to upper extremities and associated upper extremity paresthesias were reported. Gripping, grasping, and lifting remained problematic, the treating provider reported. The applicant had undergone an earlier wrist surgery, it was reported. Positive provocative testing was noted about the right shoulder with diminished sensorium noted about the bilateral C6 dermatomes. Diminished motor function about the shoulder was sought. The attending provider stated that he was ordering MRI imaging of the cervical spine to "rule out radiculopathy versus peripheral nerve entrapment." The attending provider stated that he is ordering MRI imaging of the shoulder to "rule out an occult rotator cuff tear." The applicant was placed off of work, on total temporary disability. It was not stated how (or if) the proposed the shoulder MRI would influence or alter the treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without intra-articular contrast, right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Summary.

**Decision rationale:** No, the proposed MRI of the right shoulder without intraarticular contrast was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, the routine usage of MRI or arthrography of the shoulder for evaluation purposes without surgical indications is deemed "not recommended." Here, there is no mention of how (or if) the proposed shoulder MRI would influence or alter the treatment plan. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the shoulder as of the date in question, August 12, 2015. It was not clearly stated how (or if) the shoulder MRI would influence or alter the treatment plan. The fact that multiple MRI studies were concurrently ordered strongly suggested that said studies were in fact being ordered for routine evaluation purposes, without any clear intent of acting on the results of the same. Therefore, the request was not medically necessary.

**MRI without contrast, cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

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

**Decision rationale:** Similarly, the request of MRI imaging of the cervical spine without contrast was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention or invasive procedure involving the cervical spine based on the outcome of the study in question. The fact that two separate MRI studies were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of either study and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.