

<b>Case Number:</b>	CM15-0188304		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	01/04/2014
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55 year old female with an industrial injury dated 01-04-2014. A review of the medical records indicates that the injured worker is undergoing treatment for left shoulder pain, bilateral anterolateral rib pain, cervical pain and thoracic spine. Medical record (07-22-2015) indicates ongoing complaints of neck pain, thoracic pain and left shoulder pain. Objective findings (07-22-2015) revealed decreased cervical spine range of motion by 25% and pain to palpitation at C5-7 on the left side of the cervical spine. According to the progress note dated 08-15-2015, the injured worker reported multiple pains in left shoulder, ribs and neck. The injured worker reported that her pain remains unchanged since last visit. The injured worker rated pain 7 out of 10 decreased to 4 out of 10 with medication. Objective findings (08-15-2015) revealed pain to palpitation at C3 through C7 level in the bilateral cervical spine. Treatment has included Magnetic Resonance Imaging (MRI) of the left shoulder, prescribed medications and periodic follow up visits. There was no radiographic imaging for cervical spine included for review. The utilization review dated 08-25-2015, non-certified the request for MRI for cervical spine as outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI for Cervical Spine As Outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

**Decision rationale:** The claimant sustained a work injury in January 2014 when she tripped over a chair landing on her left shoulder. She was seen by the requesting provider for an initial evaluation on 07/22/15. She had bilateral ribcage pain. She denied any numbness or tingling in the upper extremities. She had pain when moving her left arm overhead. Physical examination findings included decreased cervical spine range of motion and left cervical pain with palpation. There was pain with shoulder strength testing. There was normal sensation and reflexes were symmetrical. Authorization for MRI scans of the left shoulder and cervical spine was requested. For the evaluation of the patient with chronic neck pain, anteroposterior, lateral, and open mouth plain x-ray should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. In this case, there are no reported plain film x-ray results. There are no neurologic signs or symptoms such as radicular pain or findings of decreased strength or sensation in a myotomal or dermatomal pattern or asymmetric reflex response. An MRI scan of the cervical spine is not medically necessary.