

<b>Case Number:</b>	CM15-0189233		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	08/23/2006
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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, 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 43 year old male who sustained an industrial injury on 08-23-2006. Medical records indicated the worker was treated for chronic neck and right shoulder conditions. He is seen on 06-03-2015 and noted to have spasm, tenderness and guarding in the paravertebral muscles of the cervical spine with decreased range of motion. He has decreased dermatomal sensation with pain over the right C6 dermatome. Motor strength over the right shoulder was noted to be grade 4-5. A well-healed incision is noted over the operative site. At the 06-03-2015 visit, authorization for an updated cervical MRI was requested along with updated neurodiagnostic studies of the bilateral upper extremities. A MR arthrogram of the right shoulder was requested due to the worker's complaint of significant postoperative pain in order to rule out a recurrent rotator cuff tear or any other intraocular pathology. According to the 04-16-2012 notes, prior MRI studies done 02-15-2012 showed C4-C5, C5-C6, and C6-C7 have a 1-2 mm disc protrusion without foraminal narrowing, central canal stenosis or impingement on the exiting nerve roots. An electromyogram/Nerve conduction velocity of the upper extremities done 03-09-2012 was normal. A MRI of the right shoulder 03-21-2012 showed fraying, ulceration, tendinopathy and modest intrasubstance delamination of the supraspinatus tendon with resultant thinning of the bursal surface fascicles. In the provider notes of 07-22-2015, the worker requests an injection, and a MRI authorization request is alluded to. On 08-19-2015, the injured worker complains of shoulder impingement and generalized pain. Previous MRI studies from 2012 were reviewed. He is currently working. A request for authorization was received

09-08-2015 for a MRI without contrast for cervical spine and right shoulder. A utilization review decision 09-15-2015 denied the request.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI without contrast for cervical spine and right shoulder:** Upheld

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

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

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, MRI without contrast to the cervical spine and right shoulder is not medically necessary. MRI Cervical spine: 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, and 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. MRI Shoulder: MRI and arthropathy have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plain radiographs; sub acute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. In this case, the injured worker's working diagnoses are shoulder impingement; and generalized pain. Date of injury is August 23, 2006. Request for authorization is September 8, 2015. The documentation indicates the injured worker is status post right shoulder arthroscopy with Mumford procedure 2007. Injured worker underwent MRI cervical spine February 15 2012. MRI results showed C4 - C5, C5 - C6, and C6 - C7, 1 to 2 mm disc protrusion without foraminal narrowing or stenosis. According to a June 3, 2015 progress note, the documentation states the injured worker has continuing symptoms in the neck and right shoulder. Objectively, there is spasm, tenderness

and garden. The treating provider wants to update MRI of the cervical spine. According to a July 22, 2015 progress note, the injured worker has a chronic condition. There is no physical examination in the progress note documentation. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. 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 compelling clinical facts indicating a repeat MRI cervical spine and right shoulder is clinically indicated. There are no red flags documented. There is no documentation (of the cervical spine and right shoulder) of a significant change in symptoms and/or objective findings. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with the significant change in symptoms and/or objective findings to warrant a repeat MRI, no compelling clinical facts or red flags, MRI without contrast to the cervical spine and right shoulder is not medically necessary.