

<b>Case Number:</b>	CM15-0189478		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	08/31/2011
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	08/25/2015
<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, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 37 year old male who sustained an industrial injury 08-31-11. A review of the medical records reveals the injured worker is undergoing treatment for chronic left shoulder pain with partial frozen shoulder, chronic left upper extremity radicular symptoms into the left shoulder area and left arm, chronic intermittent cervical pain. Medical records (07-21-15) reveal the injured worker complains of left shoulder and intermittent upper back pain. The physical exam (07-21-15) reveals limited range of motion to the left shoulder and left shoulder tenderness. Prior treatment includes left shoulder surgery and medications. The original utilization review (08-25-15) non-certified the request for MRIs of the cervical and lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of cervical spine:** 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:** This patient has chronic left shoulder pain and intermittent neck and low back pain. The request is for an MRI of the cervical spine. CA MTUS Guidelines state that the criteria for ordering imaging studies are emergence of a red flag, i.e. physiologic evidence of tissue damage or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. Unequivocal findings that identify specific nerve compromise are sufficient evidence to warrant imaging. In this case, there is no evidence of a trial and failure of conservative care, including exercise program, local modalities and medication. There is no new or progressive focal neurologic deficits warranting an MRI. There is no evidence that the patient is a surgical candidate for the cervical spine. Therefore the request is not medically necessary or appropriate.

**MRI of lumbar spine:** Upheld

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

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

**Decision rationale:** CA MTUS Guidelines state that criteria for ordering imaging studies are emergence of red flags, i.e. physiologic evidence of tissue damage or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery; clarification of anatomy prior to an invasive procedure. Unequivocal findings that identify specific nerve compromise are sufficient evidence to warrant imaging. In this case, there is no evidence of a trial and failure of conservative treatment directed to the low back, including an exercise program, local modalities and medications. No new or progressive focal neurologic deficits warranting an MRI have emerged. There is also no evidence that the patient is a surgical candidate of the lumbar spine. Therefore the request is not medically necessary or appropriate.