

<b>Case Number:</b>	CM15-0195924		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	05/07/2007
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 female, who sustained an industrial injury on 05-07-2007. She has reported injury to the neck and right shoulder. The diagnoses have included cervical spinal stenosis; cervicgia; cervical radiculopathy; joint pain, shoulder; partial tear of rotator cuff; adhesive capsulitis of shoulder; right shoulder status post multiple surgeries; fibromyalgia-myositis; carpal tunnel syndrome; and rheumatoid arthritis. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, trigger point injections, physical therapy, home exercise program, and surgical intervention. Medications have included Percocet and Neurontin. A progress report from the treating provider, dated 07-27- 2015, documented an evaluation with the injured worker. The injured worker reported continued pain in the neck and right shoulder; the pain is at least 5 on a scale of 0-10 in intensity, at its worst is 10; pain at present is 6 on the pain scale; she reports that her "neck feels like it is being crushed"; she is at work on accommodated work; and she continues to get partial relief from the pain medication. Objective findings included she is alert and oriented; she is in mild distress; inspection of the cervical spine reveals abnormality, forward-flexed; the cervical spine has bilateral paraspinous tenderness, supple, and stiff; palpable twitch and positive trigger points are noted in the muscles of the head and neck, specifically; cervical ranges of motion are decreased and painful; upper extremity sensation is grossly intact; and her last cervical MRI was in 04- 2012. The treatment plan has included the request for MRI of the cervical spine with contrast. The original utilization review, dated 09-15-2015, non-certified the request for MRI of the cervical spine with contrast.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of cervical spine with contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck- MRI (Magnetic Resonance Imaging).

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

**Decision rationale:** Symptoms and clinical findings have remained unchanged for this chronic 2007 injury without new acute trauma, red-flag conditions, documented failed conservative trial, or flare-up of chronic symptoms and diagnoses already established to support for an updated imaging study. Treatment Guidelines state criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports, including report from providers have not adequately demonstrated the indication for repeating the MRI of the Cervical spine nor identify any specific acute change or progressive deterioration in clinical findings to support this imaging study. Exam findings have normal sensation without identified deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of cervical spine with contrast is not medically necessary and appropriate.