

<b>Case Number:</b>	CM15-0196446		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	02/01/2015
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: 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 59 year old female, who sustained an industrial injury on 2-1-2015. Diagnoses include right shoulder impingement. Treatments to date include activity modification, medication therapy, and physical therapy. On 7-8-15, the provider documented no subjective complaints. The physical examination documented tenderness to the AC joint, with positive impingement sign and decreased range of motion. There records submitted for this review did not include subjective or objective documentation regarding the cervical spine. The records included a prescription indicated the cervical MRI was to rule out a cervical herniated nucleus pulposus. The Agreed Medical Evaluation dated 7-21-15, indicated she complained of ongoing "pain in the back, neck, and spine" and a full examination was scheduled for 9-9-15; however, that evaluation was not submitted for this review, and the records submitted did not include documentation of a physical examination. The appeal requested authorization for a cervical spine MRI. The Utilization Review dated 9-24-15, denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the cervical spine:** Upheld

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

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

**Decision rationale:** According to the CA MTUS guidelines, criteria for ordering an MRI of the cervical spine include emergence of a red flag, physiologic evidence of tissue insult or nerve impairment, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The medical records do not establish physical examination findings to support red flags or concern for radiculopathy stemming from the cervical spine to support the requested imaging study. The request for MRI of the cervical spine is not medically necessary and appropriate.