

<b>Case Number:</b>	CM15-0196700		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	07/16/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/09/2015
<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: Preventive Medicine, Occupational 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 53 year old female, who sustained an industrial injury on 07-16-2014. She has reported subsequent neck and bilateral shoulder pain and was diagnosed with right subscapularis tendinitis, cervical facet strain and myofascial pain. X-rays were noted to have been obtained at some point, although the physician notes that no MRI was performed. The results of x-rays were not discussed and it is unclear as to whether x-rays were taken of the right shoulder, cervical spine or both. Treatment to date has included pain medication and physical therapy, which were noted to have failed to significantly relieve the pain. In a progress note dated 07-16-2015, the injured worker reported neck pain radiating into the bilateral shoulders, right greater than left and was rated as 5 out of 10. The injured worker reported difficulty getting on and off the toilet, using a telephone, performing light housework and getting in and out of a car. Objective examination findings revealed tenderness to palpation over the lumbar facets with myofascial tension, positive Lhermitte sign into the right shoulder in the distribution of the dorsal scapular nerve, positive lift-off test of the right shoulder. Range of motion of the cervical spine and right shoulder were noted to be full with exception of internal and external rotation of the right shoulder. The physician noted that the history and physical examination findings were most consistent with injury to the subscapularis and that it "behooves us to obtain an MRI of the right shoulder as her injury is more than a year old and she continued to struggle at her current employment." In a progress note dated 08-13-2015, the injured worker reported neck pain radiating to the bilateral shoulders left greater than right that was rated as 5 out of 10. Objective findings revealed full range of motion of the right shoulder except with internal and external

rotation, which was limited to 45 degrees and positive liftoff test. Work status was documented as modified. The physician noted that MRI of the right shoulder would be requested and that should diagnostics of the shoulder provide negative, the cervical spine would be examined as the cause of pain. A request for authorization of outpatient MRI of the cervical spine and right shoulder was submitted. As per the 09-09-2015 utilization review, the request for outpatient MRI of the cervical spine and right shoulder was modified to certification of outpatient MRI of the right shoulder.

### **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 Shoulder Complaints 2004.

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

**Decision rationale:** MTUS Guidelines do not recommend spinal MRI studies unless there are "red flag" conditions and/or persistent neurological dysfunction. This individual has radiating pain into the shoulder area, which could be due to a cervical radiculitis, however the physical exam points toward a shoulder etiology and not the cervical spine. This is being evaluated with a shoulder MRI. If there is inconsistent results and further signs and symptoms of a cervical radicular pain this request may become medically necessary, however at this point in time it does not meet Guideline criteria. The MRI of the cervical spine is not medically necessary.