

<b>Case Number:</b>	CM15-0207333		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	11/15/2000
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Arizona, 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 54 year old female, who sustained an industrial injury on 11-15-2000. The injured worker is undergoing treatment for neck, shoulder, arm, elbow and wrist-hand pain. Medical records dated 9-2-2015 indicate the injured worker complains of persistent supra scapular tightness and pain and residual palmar pain and tightness after bilateral forearm epidural steroid injection. Physical exam dated 9-2-2015 notes decreased cervical range of motion (ROM) with cervical paraspinal and supra scapular spasm. There is right shoulder decreased painful range of motion (ROM), anterior deltoid trigger point, positive Neer's and Hawkin's test. Treatment to date has included medication, home exercise program (HEP) and injections. The original utilization review dated 9-24-2015 indicates the request for magnetic resonance imaging (MRI) of the cervical spine is non-certified.

### 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): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The claimant does not have cervical radiculopathy. The symptoms and exam findings suggest peripheral involvement. As a result, the epidural considered and the basis of the MRI is not justified. The request for an MRI of the cervical spine is not medically necessary.