

<b>Case Number:</b>	CM15-0209755		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	04/15/2011
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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 58 year old female, who sustained an industrial injury on 4-15-2011. A review of the medical records indicates that the injured worker is undergoing treatment for left hand carpal tunnel release, left shoulder distal clavicle resection and decompression, and cervical radiculopathy. On 10-15-2015, the injured worker reported pain in the cervical spine. The Primary Treating Physician's report dated 10/15/2015, noted the injured worker had a MRI scan done in 2013 and had an epidural with the improvement gradually wearing off. The physical examination was noted to show the left shoulder with decreased range of motion (ROM), tenderness in the left paracervical musculature, and full range of motion (ROM) of her left hand, wrist, and fingers. Prior treatments and evaluations have included an electromyography (EMG) study on 12-14-2011 of the left upper extremity with normal findings, Cortisone injections, and Flexeril. The treatment plan was noted to include a recommendation for a repeat MRI scan, as the injured worker was continuing with therapy and remaining off work, to be seen after the MRI scan had been completed. The request for authorization dated 10/19/2015, requested a MRI (Magnetic Resonance Imaging) of the cervical spine. The Utilization Review (UR) dated 10-23-2015, non-certified the request for a MRI (Magnetic Resonance Imaging) of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) of the cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies include the emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, the treating physician's report dated 10/15/2015, noted the injured worker had a MRI scan done in 2013 and had an epidural with initial improvement that gradually wore off. There is no updated neurological examination to determine if the injured worker's condition has deteriorated to the point of requiring a repeat MRI. Per review of the available documentation there is no indication of red flags or evidence of nerve impairment to warrant a repeat MRI. The request for MRI (Magnetic Resonance Imaging) of the cervical spine is not medically necessary.