

<b>Case Number:</b>	CM15-0024254		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51-year-old female, who sustained an industrial injury on August 1, 2011. She has reported severe neck pain that radiated in to the right hand with associated weakness and numbness of the right hand as well as elbow pain and right lower extremity pain. The diagnoses have included right thoracic outlet syndrome with compression of the ulnar nerve at the elbow and right piriformis syndrome with compression of the right peroneal nerve due to limping. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, steroid injections of the lumbar spine and cervical spine and pain medication. Currently, the IW complains of severe neck pain that radiated in to the right hand with associated weakness and numbness of the right hand as well as elbow pain and right lower extremity pain. The injured worker reported an industrial injury on August 1, 2011, resulting in multi-body part pain. She reported the injury was cumulative starting in 1981. She has been treated conservatively without resolution of the pain. She noted no improvement with steroid injections in the hand. She had a long history of gastrointestinal upset. It was reported, evaluation on May 21, 2013, revealed continued pain. Evaluation on August 14, 2014, revealed continued complaints of pain. On January 16, 2015, Utilization Review non-certified a request for a magnetic resonance image of bilateral shoulders and the cervical spine, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 28, 2015, the injured worker submitted an application for IMR for review of requested magnetic resonance image of bilateral shoulders and the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI bilateral shoulders and cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): Table 8-7.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 182, 209.

**Decision rationale:** According to MTUS guidelines, MRI of the cervical spine is recommended if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. There is no clinical evidence of anatomical defect or nerve compromise in this case. There is no change in the patient's symptoms and findings since her last cervical MRI in 2011, suggestive of significant pathology to support repeating the study. Therefore, the request for an MRI of cervical spine is not medically necessary. According to MTUS guidelines, MRI of the shoulder is indicated in case of tumor, infection, ligament instability and rotator cuff injury. There is no clinical evidence or documentation of one of the above diagnosis. Therefore, MRI of bilateral shoulders is not medically necessary.