

<b>Case Number:</b>	CM15-0059924		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	12/30/2014
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Texas, New York, 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 applicant is a represented 41-year-old who has filed a claim for neck, shoulder, and knee pain reportedly associated with an industrial injury of December 30, 2014. In a Utilization Review report dated March 17, 2015, the claims administrator failed to approve a request for cervical MRI imaging. Progress notes of February 19, 2015 and February 2, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On February 19, 2015, the applicant reported ongoing complaints of neck, shoulder, and knee pain. The applicant had received a shoulder injection. It was stated that torn rotator cuff versus nerve impingement syndrome were on the differential diagnosis list. The applicant was asked to observe her new contusion. The applicant stated that her pain complaints were significantly severe to the point where she wished to be fairly aggressive in regards to treatment options. The applicant was apparently working, it was suggested. In a progress note dated February 7, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant's pain complaints were hurting her at night. The applicant was having difficulty lying on her shoulder. The applicant exhibited pain about the shoulder and the neck on exam. The attending provider stated that the applicant's neck problems were more likely soft tissue in origin. The attending provider stated that the applicant's presentation was more consistent with shoulder impingement syndrome as opposed to cervical radiculopathy. A shoulder corticosteroid injection was administered. Naproxen, Vicodin, and Robaxin were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI C-SPINE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** Yes, the request for cervical MRI imaging was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, pages 177 and 178, criteria for ordering imaging studies include physiologic evidence of tissue dysfunction or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Here, the attending provider noted that the applicant had ongoing complaints of neck pain radiating to the shoulder and/or arm on February 19, 2015. The attending provider speculated on that date that the applicant might very well have issues with cervical radiculopathy with associated nerve root impingement representing the true source of her pain complaints, particularly in light of the fact that an earlier shoulder corticosteroid injection had proven unsuccessful. The attending provider reported on February 19, 2015 that the applicant wished to be fairly aggressive regarding treatment options in light of the fact that her pain complaints were reportedly severe on that date. Thus, the cervical MRI imaging would likely have influenced the treatment plan on or around the date in question. By all accounts, the applicant's neck pain complaints and associated right arm radicular versus pseudoradicular symptoms were trending unfavorably as of that date. Moving forward with MRI imaging was, thus, indicated. Therefore, the request was medically necessary.