

<b>Case Number:</b>	CM15-0060059		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	04/28/2010
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/11/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old female who sustained an industrial injury on April 28, 2010. The injured worker was diagnosed with cervical spine sprain/strain, right cervical radicular symptoms, right rotator cuff tendinitis/impingement syndrome /acromioclavicular degenerative joint disease, right shoulder girdle strain, left carpal tunnel syndrome and right carpal tunnel syndrome Treatment to date has included conservative measures, diagnostic testing, medications and physical therapy of the right shoulder. According to the primary treating physician's progress report on November 13, 2014 the injured worker noted improvement of the right shoulder after recent completion of therapy. Examination of the cervical spine noted tenderness to palpation over right paravertebral and trapezius muscles with decreased range of motion. Examination of the right shoulder girdle demonstrated periscapular and trapezius tenderness without winging and a negative Tinel's over the brachioplexus and thoracic outlet. The right shoulder demonstrated tenderness to palpation over the anterior rotator cuff with positive impingement signs, decreased range of motion and without obvious adhesive capsulitis. The bilateral wrists were noted to have tenderness to palpation over the flexor compartment and carpal canal with positive Phalen's and median nerve compression signs and decreased range of motion. Patchy decreased sensation of the right upper extremity was noted. Current medications are not listed. Treatment plan consists of exercise and soft tissue modalities, full work activities and the current request for a cervical spine magnetic resonance imaging (MRI).

### 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 ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182, table 8-8.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI.

**Decision rationale:** Regarding the request for MRI cervical spine, CA MTUS does not address repeat imaging. ODG cites that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Within the documentation available for review, there is no clear indication of a significant change in symptoms/findings suggestive of significant pathology since prior imaging or another clear rationale for an MRI. In light of the above issues, the currently requested MRI cervical spine is not medically necessary.