

<b>Case Number:</b>	CM15-0062264		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	07/29/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Emergency 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 45 was a male, who sustained an industrial injury, July 29, 2014. The injury occurred when the injured worker fell injuring the neck, upper back, upper back and right shoulder and arm. The injured worker received the following treatments in the past right shoulder MRI, physical therapy right shoulder and random toxicology laboratory studies. The injured worker was diagnosed with cervical spine strain, thoracic spine strain, right shoulder strain, and chronic pain. According to progress note of March 4, 2015, the injured workers chief complaint was neck pain, upper back pain and right shoulder pain. The physical exam noted right lateral shoulder diminished. The right dorsal thumb web, right small tip and right long tip are all diminished. The treatment plan included cervical spine MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging-cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

**Decision rationale:** The requested Magnetic Resonance Imaging-cervical spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has neck pain, upper back pain and right shoulder pain. The physical exam noted right lateral shoulder diminished. The right dorsal thumb web, right small tip and right long tip are all diminished for sensation. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling's sign or deficits in reflexes or muscle strength. The criteria noted above not having been met, Magnetic Resonance Imaging-cervical spine is not medically necessary.