

<b>Case Number:</b>	CM15-0085979		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	07/07/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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

### 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 45 year old female with an industrial injury dated 7/7/2013. The injured worker's diagnoses include cervical sprain with radicular symptoms, left shoulder and upper extremity pain, and status post right shoulder arthroscopy with subacromial decompression and Mumford procedure. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/1/2015, the injured worker reported popping and cracking of the right shoulder with severe pain. The injured worker also reported ongoing stiffness in the neck with radiation to the right shoulder with associated numbness and tingling in the right arm. Objective findings revealed tenderness of the cervical spine with decrease flexion and extension. The treating physician prescribed services for MRI cervical without contrast now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI cervical without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

**Decision rationale:** Per the 04/01/15 progress report, the patient presents with ongoing pain and stiffness in the neck area along with radiation to the right shoulder with numbness and tingling. The current request is for MRI cervical without contrast. The RFA included is dated 01/14/15. The 04/09/15 utilization review cites 3 RFA's from 01/14/15 to 04/01/15. The patient is unable to perform modified duties due to shoulder pain. ODG guidelines, Neck and Upper Back Chapter, MRI, states recommended for indications that include: Chronic neck pain following 3 months conservative treatment, normal radiographs, neurologic signs or symptoms. The requesting physician states this request is due to ongoing pain and stiffness in the neck following over one year of conservative treatment. There is no evidence of a prior MRI cervical. In this case, evidence if provided of neck pain radiating to the right upper extremity. The request IS medically necessary.