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| <b>Case Number:</b>   | CM14-0133952 |                              |            |
| <b>Date Assigned:</b> | 08/27/2014   | <b>Date of Injury:</b>       | 04/08/2013 |
| <b>Decision Date:</b> | 11/19/2014   | <b>UR Denial Date:</b>       | 08/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/21/2014 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 50 years old female who was injured on 04/08/2014 when a patient fell on top of her while she was at work. She sustained an injury to her right shoulder. Prior treatment history has included 10 sessions of physical therapy which offered temporary relief. Progress report dated 05/23/2014 states the patient presented for her right shoulder pain. She reported the pain is located in the neck, radiates to the right arm, and worse with lifting/rotating. Objective findings on exam revealed range of motion of the cervical spine exhibits extension, flexion and lateral rotation are severely limited. She has positive paracervical muscles tenderness. There is positive scapular dyskinesia. She has positive tenderness of the AC joint. The patient has been recommended for cervical spine MRI as the patient's symptoms are consistent with cervical radiculopathy and chronic pain. Prior utilization review dated 08/01/2014 states the request for MRI of the Cervical Spine is not certified as medical necessity has not been established.

### 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Magnetic Resonance Imaging (MRI)

**Decision rationale:** The CA MTUS/ACOEM guidelines indicate that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist" The ODG guidelines for cervical MRI states: Indications for imaging -- MRI (magnetic resonance imaging): - Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit- Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present - Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present - Chronic neck pain, radiographs show bone or disc margin destruction - Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal"- Known cervical spine trauma: equivocal or positive plain films with neurological deficit - Upper back/thoracic spine trauma with neurological deficit In this case, there is no provided documentation of the above indications for cervical MRI including radiograph imaging, neurologic signs/deficits/significant trauma. Note from 5/23/14 states "she injured her right shoulder on 4/8/14 while at work when a patient fell on top of her" but does not mention any neck trauma. X-rays from that note are only reported for the shoulder, and physical examination shows shoulder related deficits but no particular neurologic deficits that may suggest cervical pathology including findings of "on neurological hand examination, sensation is subjectively normal to light stroke testing bilaterally... rotator strength 4+/5...negative Spurlings." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.