

<b>Case Number:</b>	CM14-0135268		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	08/22/2010
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Geriatrics and is licensed to practice in New York. 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 injured worker is a woman with a date of injury of 8/22/10. At issue in this review is a MRI of the cervical spine. She was seen by her primary treating physician on 6/25/14 with complaints of persistent right shoulder, arm and neck pain. Her exam showed a normal gait. She had tenderness in the paraspinal cervical muscles with spasm. Range of motion (cervical) was reduced in all planes with normal sensation, motor strength and reflexes. Her diagnoses included C6-7 disc injury with mild disc desiccation and bulging. The note indicates that her neck and right shoulder pain have gotten significantly worse with radiation to her arm. She was to start on Lyrica and a MRI of the neck was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (updated 4/25/14), Magnetic resonance imaging (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** The injured worker is a woman with a date of injury of 8/22/10. At issue in this review is a MRI of the cervical spine. She was seen by her primary treating physician on 6/25/14 with complaints of persistent right shoulder, arm and neck pain. Her exam showed a normal gait. She had tenderness in the paraspinal cervical muscles with spasm. Range of motion (cervical) was reduced in all planes with normal sensation, motor strength and reflexes. Her diagnoses included C6-7 disc injury with mild disc desiccation and bulging. The note indicates that her neck and right shoulder pain have gotten significantly worse with radiation to her arm. She was to start on Lyrica and a MRI of the neck was requested.