

<b>Case Number:</b>	CM14-0139277		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/21/2014
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Emergency Medicine and is licensed to practice in Texas. 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 53-year-old male who reported an injury on 07/21/2014 while running some cable under a cabinet in an awkward position he felt a pain to the left shoulder. Past treatments included physical therapy, medications, a brace, and ice. The objective findings dated 08/05/2014 of the neck revealed non-tender cervical spine with positive tenderness to touch at the paracervical muscle area, greater on the left side, with limited range of motion of the cervical spine. Cervical flexion and extension was 40/50 with cervical rotation at 50/60. The medications included Daypro 600 mg and Robaxin 500 mg. The treatment plan included an MRI to the cervical spine. Diagnostic studies included an x-ray of the left shoulder and left wrist. The Request for Authorization was not submitted with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (Magnetic Resonance Imaging) of the cervical spine, without contrast material:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS/ACOEM Guidelines indicate the criteria for ordering imaging studies include the emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory testing or bone scans. The clinical notes indicate that the injured worker was having physical therapy and that it had failed; however, no documentation was submitted for review. As such, the request is not medically necessary.