

<b>Case Number:</b>	CM14-0145359		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/20/2011
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 California. 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:

This 52 year-old patient sustained an injury on 2/20/11 while employed by [REDACTED]. Request(s) under consideration include MRI Cervical Spine. Diagnoses include cervical spine degenerative disc disease; right shoulder impingement syndrome s/p arthroscopic surgery with SAD, excision of calcific tendinitis and mini open biceps tenodesis (unspecified date). Conservative care has included medications, PT, injections, facet blocks, chiropractic treatment, and modified activities/rest. AME report of 8/20/12 with supplemental 7/5/13 noted patient was "not a candidate for epidural steroid injections or surgery" with P&S status for cervical spine. Report of 7/24/14 from a provider noted patient with neck pain rated at 5/10. Exam showed restricted cervical range with popping and clicking sensation. Recent MRI of cervical spine dated 7/26/13 showed degenerative disc disease at C5-7. Treatment recommendations included repeating MRI, home traction unit, PT and possible epidural steroid injection. Report of 7/25/14 from the provider noted the patient's Toradol no longer providing relief, requesting for different medication. Report of 8/14/14 from the provider noted the patient with ongoing shoulder and neck symptoms. Exam showed tenderness to right trapezius and right paraspinals muscles; full cervical range; shoulder with tenderness to palpation at AC joint with restricted range; and negative impingement syndrome. Treatment was for PT to cervical spine and right shoulder. Report of 9/25/14 from the provider noted the patient with continued right shoulder and cervical spine pain rated at 6/10. Exam showed bilateral trapezius spasm, more on left; minimal tenderness; normal range with pain on left lateral bending; right shoulder with normal range. Treatment included medications Flexeril, Elavil, and continued modified restrictions of no lifting over 10 pounds. The request(s) for MRI Cervical Spine was non-certified on 8/13/14 citing guidelines criteria and lack of medical necessity.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI 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): 171, 177-179.

**Decision rationale:** Submitted reports have not shown any clinical findings of radiculopathy or neurological deficits consistent with any dermatomal distribution of radiculopathy or myelopathy. Per MTUS Treatment Guidelines, criteria for ordering imaging studies are, red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms are persistent; however, none are demonstrated here. Clinical report does not demonstrate such criteria and without clear specific evidence to support the diagnostic study. The MRI Cervical Spine is not medically necessary and appropriate.