

<b>Case Number:</b>	CM14-0213119		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 34-year-old man who sustained a work-related injury on December 16, 2013. Subsequently, he developed chronic neck and shoulder pain. According to the follow-up report dated September 3, 2014, the patient reported spasms on top of the right shoulder and the right side of his neck plus weakness and numbness in the right hand. When his hand falls asleep, twisting and stretching his neck helps relieve the burning pains. X-ray of right shoulder and cervical spine dated December 17, 2013 was normal. MRI of right shoulder was negative. MRI from April 2, 2014 showed tendonitis of the supraspinatus, a cyst at the site of supraspinatus attachment, narrowing of the outlet by acromial spur and AC spurring. A subacromial injection was performed on September 3, 2014. Post injection, the pain with motion of the right shoulder went away. Some of the right side neck pain went away. In a follow-up report dated November 18, 2014, the patient complained of neck pain. He has not been using the hand cart and he was doing better. The numbness was less as well as the tingling. He went for a neck massage and that helped. Examination of the cervical spine revealed a 30 degrees extension with pain, flexion 40 degrees, rotation 30 degrees to the right and 70 degrees to the left with pain. asymmetrical motion. Spasm on the right. the patient was diagnosed with cervical disc disorder, impingement of shoulder, and partial rotator cuff tear of right shoulder. The provider requested authorization for cervical spine MRI.

### 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to MTUS guidelines, MRI of the cervical spine is recommended if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. There is no clinical evidence of anatomical defect or nerve/root compromise in this case. Therefore, the request for an MRI of cervical spine is not medically necessary.