

<b>Case Number:</b>	CM15-0017714		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 53 year old female who sustained an industrial injury on 02/01/2013. The current diagnoses include status post arthroscopic subacromial decompression. Treatments to date include medication management, physical therapy, shoulder surgery on 07/31/2014, and chiropractic treatments. Report dated 11/17/2014 noted that the injured worker presented with complaints that included continued residual right shoulder pain with weakness and decreased range of motion. Physical examination was positive for abnormal findings. The utilization review performed on 01/12/2015 non-certified a prescription for MRI of the cervical spine, based on the clinical information submitted does not support medical necessity. The reviewer referenced the Official Disability Guidelines in making this decision.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC 2015 online guidelines: Indications for imaging-MRI (magnetic resonance imaging)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck section, MRI

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI cervical spine is not medically necessary. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness and no neurologic findings do not need imaging. Patients who do not fall into this category should have a three view cervical radiographic series followed by a computer tomography (CT). The indications for imaging are enumerated in the Official Disability Guidelines. Indications include, but are not limited to, chronic neck pain (after three months conservative treatment), radiographs normal neurologic signs or symptoms present; neck pain with radiculopathy if severe or progressive neurologic deficit; etc. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the injured worker's working diagnosis is right shoulder pain status post arthroscopic subacromial decompression. Subjectively, the injured worker is receiving physical therapy for weakness and loss of range of motion according to a November 17, 2014 progress note. The utilization review references a December 29, 2014 progress note. Utilization review indicates there are no radicular complaints involving the upper extremities and the number of physical therapy sessions completed is not documented. There is no documentation in the medical record with a dated December 29, 2014 progress note. The November 17, 2014 progress note discusses the right shoulder. There are no cervical complaints. There are no radicular complaints involving the upper extremities. Consequently, absent clinical documentation with a clinical indication and rationale for cervical magnetic resonance imaging scan, MRI cervical spine is not medically necessary.