

<b>Case Number:</b>	CM15-0113188		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 64 year old male, who sustained an industrial injury on 2/2/10. He reported a left shoulder, left arm and neck injury following being struck by a pipe. The injured worker was diagnosed as having cervical radiculopathy and Parkinsonism. Treatment to date has included Ibuprofen, physical therapy and home exercise program. (MRI) magnetic resonance imaging of cervical spine performed on 9/17/13 revealed mild to moderate degenerative and spondylitic changes resulting in mild to moderate multilevel foraminal stenosis and cervical straightening. Currently, the injured worker complains of neck pain with radiation to left shoulder extending to the hand level. He notes the pain is relieved with ibuprofen, rest and home exercise program; he rates the pain 5-6/10. He is working full time at modified duty. Physical exam noted tenderness of cervical paraspinal regions on palpation with mild spasm and restricted range of motion. A request for authorization was submitted for (MRI) magnetic resonance imaging of cervical spine and (MRI) magnetic resonance imaging of left shoulder.

### 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:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

**Decision rationale:** The claimant sustained a work injury in August 2011 and continues to be treated for injuries to the neck, left shoulder, and left arm. An MRI of the cervical spine in September 2013 with a clinical history of neck pain radiating to the left arm included findings of multilevel spondylosis with mild to moderate multilevel foraminal stenosis. When seen, there was no documentation of either complaints or physical examination findings. A repeat cervical spine MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neurocompression, or recurrent disc herniation. In this case, the claimant is being treated for chronic neck pain and has already had a cervical spine MRI. There is no identified new injury and there are no reported complaints or physical examination findings. The cervical spine MRI is not medically necessary.

**MRI of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Magnetic resonance imaging (MRI).

**Decision rationale:** The claimant sustained a work injury in August 2011 and continues to be treated for injuries to the neck, left shoulder, and left arm. An MRI of the cervical spine in September 2013 with a clinical history of neck pain radiating to the left arm included findings of multilevel spondylosis with mild to moderate multilevel foraminal stenosis. When seen, there was no documentation of either complaints or physical examination findings. Indications for obtaining an MRI of the shoulder include the presence of 'red flags' such as suspicion of cancer or infection or, with subacute shoulder pain, when instability or a labral tear is suspected. In this case, there are no identified 'red flags' and no reported complaints or physical examination findings that suggest instability or labral pathology. The requested left shoulder MRI is not medically necessary.