

<b>Case Number:</b>	CM15-0119288		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	04/08/2014
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old female, who sustained an industrial injury on 4/08/2014. She reported a fall resulting in pain in the neck, right shoulder, right hand and elbow. Diagnoses include cervical strain, shoulder strain, and knee sprain/strain. Status post right shoulder rotator cuff repair on 1/29/15. Treatments to date include topical ointments, Tramadol, Cyclobenzaprine, Diclofenac and Lansoprazole, physical therapy, and therapeutic injections. Currently, she complained of pain and tightness in upper back, lower back, neck and right shoulder, elbow and the right knee. On 5/22/15, the physical examination documented tenderness and muscle spasms in the cervical spine. The plan of care included requesting a cervical spine MRI to rule out herniated nucleus pulposus (HNP).

### 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 Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM, Page 303, Low Back, and Chapter 8, regarding imaging.

**Decision rationale:** This claimant was injured over a year ago from a fall. Diagnoses include cervical strain, shoulder strain, and knee sprain/strain. The claimant is post a right shoulder rotator cuff repair on 1/29/15. Treatments to date included topical ointments, Tramadol, Cyclobenzaprine, Diclofenac and Lansoprazole, physical therapy, and therapeutic injections. There is ongoing pain in the neck. No neurologic signs in a dermatomal distribution are noted. Although there is subjective information presented in regarding increasing subjective pain, there are no accompanying physical signs in a radicular pattern. The case would therefore not meet the MTUS-ACOEM criteria for cervical, magnetic imaging, due to the lack of objective, unequivocal neurologic physical examination findings documenting either a new radiculopathy, or a significant change in a previously documented radiculopathy. The guides' state: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The request is appropriately non certified.