

<b>Case Number:</b>	CM15-0119752		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	11/29/2005
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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

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 55 year old female, who sustained an industrial injury on 11/25/2005. The mechanism of injury was not noted. The injured worker was diagnosed as having neck sprain/strain. Treatment to date has included diagnostics, acupuncture, home exercise program, and medications. Currently, the injured worker complains of increased right shoulder and cervical spine symptoms since last visit. Exam noted positive impingement sign in the right shoulder, decreased range of motion, and rotator cuff weakness. Exam of the cervical spine noted tenderness and spasm of the paracervicals and trapezii, with limited range of motion. Magnetic resonance imaging of the right shoulder and cervical spine was referenced (2012 and 2013). The treatment plan included updated magnetic resonance imaging of the right shoulder and cervical spine, to rule out progression and determine surgical candidacy. Work status was permanent and stationary. Prior imaging was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines shoulder (acute &

chronic) procedure summary online version (updated 05/04/15): magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI).

**Decision rationale:** Regarding the request for repeat shoulder MRI, ACOEM Practice Guidelines do not have specific guidelines on when a repeat study is warranted. In general, lumbar MRI is recommended when there are unequivocal objective findings that identify specific nerve compromise on the neurologic examination in patients who do not respond to treatment and would consider surgery an option. The Official Disability Guidelines state that repeat MRIs should be reserved for cases in which a significant change in pathology has occurred. Within the documentation available for review, the patient has had a previous MRI on 11/6/2013. A review of the progress note recently submitted does not indicate any acute intervening injury or sudden change in pathology. The prescription lists the rationale for the MRI shoulder study as rule out rotator cuff tear, but the exam findings do not have any red flag signs to suggest this. Given this, the request of a repeat MRI study is not medically necessary or established.

**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 neck and upper back procedure summary last updated online version (updated 11/18/14) magnetic resonance imaging (MRI).

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

**Decision rationale:** Regarding the request for repeat cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. The ODG stipulate that repeat studies should be reserved for a significant change in pathology. Within the documentation available for review, there is no indication of any red flag signs since the last MRI of the cervical spine was performed. In fact, the recent progress notes do not contain a full neurologic assessment of the upper extremities, or suggest any significant change in pathology. The requested cervical MRI is not medically necessary.