

<b>Case Number:</b>	CM15-0133532		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	05/22/2013
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 36 year old with a date of injury on 05-22-2013. The injured worker is undergoing treatment for complex regional pain syndrome-left upper extremity, and cervicgia. A physical therapy note dated 03-02-2015 documents the injured worker has complaints of severe left cervical spine pain in upper thoracic region that radiates to the left upper extremity. She wears a left wrist brace. There is tenderness to palpation with wincing in the left upper thoracic, scalenes, pecs, left wrist flexion and extension and left carpals. There is a left trunk lean with right head tilt and left cervical rotation, and severe forward head and anterior shoulders. Cervical range of motion is restricted. There is poor tolerance to gentle stimulation or passive range of motion. She is not working. Treatment to date has included Stellate Ganglion nerve block on 05-18-2015, physical therapy and a left wrist brace. On 07-10-2015 Utilization Review non-certified the request for MRI without contrast of the Cervical Spine and MRI without contrast of the Left Shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast of the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for imaging of the cervical spine and the request is not medically necessary.

**MRI without contrast of the Left Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The ACOEM chapter on shoulder complaints and imaging studies states: Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems), Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon), Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment) The provided documentation for review does not show emergence of red flags. There are no new neurologic or physiologic deficits noted and no planned invasive procedure. Therefore the request is not medically necessary.