

<b>Case Number:</b>	CM15-0026499		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	05/19/2011
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 54 year old female who sustained a work related injury on May 19, 2011. She injured her left shoulder while working as a traffic controller. Treatment included physical therapy, home exercise program, steroid injections and medications. She was diagnosed with a tear of the distal tendon in the left shoulder. In April 2014, the injured worker underwent a shoulder arthroscope, synovectomy, complete bursectomy and clavicle procedure. Currently, in January, 2015, the injured worker complained of constant neck and left shoulder pain radiating from the neck down into the arm. She was diagnosed with a cervical strain radiculopathy and degenerative arthritis. On January 28, 2015, a request for a Magnetic Resonance Imaging (MRI) of the cervical spine, without contrast was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Neck and Upper Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to MTUS guidelines, MRI of the cervical spine is recommended in case of red flags suggesting cervical spine damage such as tumor, infection, cervical root damage and fracture. There is no documentation of any of these red flags in this case. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. Therefore the request for MRI of the cervical spine is not medically necessary.