

<b>Case Number:</b>	CM15-0061097		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	03/07/2000
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Emergency 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 57 year old male, who sustained an industrial injury on 3/7/00. The injured worker has complaints of neck pain radiating up the head causing headaches and down into the bilateral shoulders, right worse than left. The diagnoses have included cervical radiculopathy; cervical facet arthropathy; cervical myofascial strain and occipital neuralgia. Treatment to date has included trigger point injections; acupuncture; two rhizotomy's between C4-C7; epidural steroid injection; Neurontin; capsaicin cream which is providing minimal pain relief; cervical spine X-rays and the urine drug screen report from 1/9/14 what consistent with medications. The request was for magnetic resonance imaging (MRI) of the right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI RIGHT SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints  
Page(s): 207-209.

**Decision rationale:** The requested MRI RIGHT SHOULDER is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligament instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trials. The injured worker has neck pain radiating up the head causing headaches and down into the bilateral shoulders, right worse than left. The treating physician has not documented recent physical therapy trials to improve muscle strength or range of motion. The treating physician has not documented exam evidence indicative of impingement syndrome, rotator cuff tear or internal joint derangement. The criteria noted above not having been met, MRI RIGHT SHOULDER is not medically necessary.