

<b>Case Number:</b>	CM15-0061117		
<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 a work related injury March 7, 2000. He slipped, fell and landed on his head and back, with a fractured his right scapula, torn rotator cuff, and injury to C4-C7. Over the course of treatment he received, acupuncture, rhizotomy C4-C7, trigger point injections, epidural injections and medication. According to a primary treating physician's progress report, dated February 4, 2015, the injured worker presented with complaints of neck pain with right scapular stabbing and aching pain, radiating into the bilateral upper extremities, right greater than left. He also complains of pins and needles extending into the hands and fingers. There is pain on the insides of his 2nd and 3rd digits of the right hand. Diagnosis is documented as cervical radiculopathy. Treatment plan included modify activities as needed, requests for authorization for cervical medial branch blocks, CT of the right scapula, MRI of the shoulder, and MRI of the cervical spine.

### 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

**Decision rationale:** The requested MRI of the cervical spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has neck pain with right scapular stabbing and aching pain, radiating into the bilateral upper extremities, right greater than left. He also complains of pins and needles extending into the hands and fingers. There is pain on the insides of his 2nd and 3rd digits of the right hand. The treating physician has not documented a history of acute trauma, nor physical exam evidence indicative of radiculopathy such as a Spurling s sign or deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI of the cervical spine is not medically necessary.