

<b>Case Number:</b>	CM15-0065232		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	01/07/2015
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old male patient who sustained an industrial injury on 01/07/2015. The initial complaint was of acute onset of left shoulder and upper back pain secondary to being involved in a motor vehicle accident. A primary treating office visit dated 02/27/2015 reported a chief complaint of back pain. He is working modified work duty at this time. The assessment noted neck sprain and strain; strain of shoulder, left; and thoracic sprain and strain. The plan of care involved: obtain a magnetic resonance imaging of left shoulder, return to modified duty, and follow up. A primary treating office visit dated 03/03/2015 reported the treating diagnoses as: thoracic strain, cervical strain, and shoulder/upper arm strain. The physician reported the patient with steady progress and symptomatic relief with care. There are ongoing subjective complaints of right scapula, mid thoracic and thoracolumbar discomfort. The assessment noted the patient's condition requires a magnetic resonance image performed to evaluate and assess the integrity of the thoracic 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM [https://www.acoempractices.org/cervical and thoracic spine; table 2.](https://www.acoempractices.org/cervical%20and%20thoracic%20spine)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Primarily, American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 303, regarding imaging.

**Decision rationale:** Although there is subjective information presented in regarding increasing pain, there are no accompanying physical signs showing progression or change in neurologic deficit. The case would therefore not meet the MTUS-ACOEM criteria for cervical magnetic imaging, due to the lack of objective, unequivocal progressive neurologic physical examination findings documenting either a new radiculopathy, or a significant change in a previously documented radiculopathy. The guides state: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The request is not medically necessary.