

<b>Case Number:</b>	CM15-0069025		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	05/20/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 York, West Virginia, Pennsylvania  
 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 54-year-old female who sustained an industrial injury on May 20, 2013. She has reported cervical pain and left shoulder pain and has been diagnosed with cervical spine sprain/strain radicular complaints, loss of lordosis, spondylitic changes at C4-5 and left shoulder sprain/strain status post left shoulder surgery with anchor screw at the humeral head, decreased acromiohumeral interval and acromial osteophyte. Treatment has included surgery, medications, and physical therapy. Currently, the injured worker complains of constant slight to intermittent moderate and occasionally severe cervical spine pain that radiates to her left hand with numbness and tingling. There was also severe left shoulder pain that radiates to the upper arm and armpit. The treatment request included a 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 (magnetic resonance imaging), Cervical Spine 72141:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

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

**Decision rationale:** Guidelines recommend MRI cervical spine if there is nerve compromise on the neurologic examination in patients who do not respond to treatment and who would consider surgery an option. In this case, the patient is being treated for shoulder pain and cervical pain that radiates to the left hand and is associated with numbness and tingling. The objective findings on examination do not include evidence of neurologic dysfunction such as sensory, reflex or motor abnormalities. There is no presenting evidence of a physiologic study being done showing evidence of radiculopathy. The request for MRI of the cervical spine is not medically necessary and appropriate.