

<b>Case Number:</b>	CM15-0097588		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	09/04/2011
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 42 year old male who sustained an industrial injury on 09/04/2011. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as having degenerative cervical intervertebral disc, degeneration or thoracic /lumbar intervertebral disc, adhesive capsulitis of shoulder. Treatment to date has included physical therapy, interscaline block of the shoulder, arthroscopy and Bankart repair of left shoulder. Currently, the injured worker complains of a sensation that his shoulder feels shorter, and like it is falling unless he picks up his arm. He complains also of a burning pain radiating from his neck to his shoulder with the burning sensation felt in the back of the shoulder. His diagnoses on 04/17/2015 include major depressive disorder, chronic pain, brachial plexus lesion in the shoulder. BuTrans patch takes his pain away. The worker complains of insomnia due to pain. On clinical examination, the worker is alert and oriented, his shoulder is anterior, and his incisions are healed. His movements are guarded and stiff. The left shoulder is restricted in movement in all directions. He has a sensitive posterior portal. He elevates to about 120 degrees. When he gets in the abduction position and external rotation, he experiences pain and has multiple trigger points in his trapezius. On 02/17/2014, a MRI showed a posterior disc bulge at C5-6 and C6-7. The neurologic symptoms (burning) and the suspected progression of the posterior disc bulge are reasons given for requesting a new MRI of the cervical spine. The treatment plan includes BuTrans patch, and MRI and x-ray 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 cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 177-178.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

**Decision rationale:** The claimant sustained a work injury in September 2011 and continues to be treated for left shoulder and radiating neck pain. When seen on 04/07/15, although the assessment states that "no physical examination was performed today", there are physical examination findings including appearing in no acute distress with a normal mental status. Butrans was refilled. The diagnostic workup was to include eight cervical spine x-ray and MRI scans. When seen by the requesting provider on 04/17/15 there was pain and without apprehension with shoulder range of motion. There was sensitivity over the posterior arthroscopic portal site. Being requested is an MRI of the cervical spine. A prior MRI scan in February 2014 is referenced as showing disc bulging. Guidelines recommend against a repeat cervical spine MRI which should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as tumor, infection, fracture, neuro-compression, or recurrent disc herniation. In this case, the claimant has already had a cervical spine MRI. There is no new injury or significant change in his condition and no identified red flags or neurological findings that would indicate the need for a repeat scan. Therefore, the request is not medically necessary.