

<b>Case Number:</b>	CM15-0098663		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	11/03/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 49-year-old female, who sustained an industrial injury on 11/3/13. The injured worker has complaints of left shoulder pain. The documentation on examination noted tenderness to palpation over lumbar paraspinal musculature and straight leg raise test is positive. The diagnoses have included cervical spine strain/sprain, herniated cervical disc with radiculitis/radiculopathy; lumbar spine strain/sprain, herniated lumbar disc with radiculitis/radiculopathy; mid back strain/sprain; left shoulder strain/sprain, acromioclavicular osteoarthritis; left elbow strain/sprain, rule out lateral epicondylitis and symptoms of anxiety and depression. Treatment to date has included magnetic resonance imaging (MRI) of the cervical spine on 2/6/14 showed early disc desiccation at C2-3 to C6-7; magnetic resonance imaging (MRI) of the left shoulder on 2/5/14 showed supraspinatus tendinosis and electrodiagnostic study on 3/11/14 demonstrated a chronic low-grade left greater than right L5 lumbar radiculopathy pattern. The request was for magnetic resonance imaging (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:

**Magnetic resonance imaging (MRI) of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction. Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for a MRI of the neck and the request is not medically necessary.