

<b>Case Number:</b>	CM14-0156608		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 59-year-old female who reported an injury on 08/20/2012. The mechanism of injury was not provided. The injured worker has diagnoses of lumbosacral sprain/strain, thoracic sprain/strain, spinal articular dyskinesia of the cervical, thoracic and lumbosacral spine areas, chronic lumbar pain, chronic cervical myofascial pain, chronic thoracic myofascial pain. Past medical treatment included medications, physical therapy, and acupuncture and chiropractic therapy. Diagnostic testing included x-rays of neck and back (date was not provided). There was no pertinent surgical history provided. The injured worker complained of having neck and lower back pain and burning pain to her right arm on 08/07/2014. The injured worker continued to have pain in both shoulders and pelvic pain and difficulty urinating and defecating. The physical examination revealed paracervical tenderness from C2 to 7- T1. There was parathoracic tenderness from T1 to T12- L1. There was cervical spasm and slight thoracic as well as lumbar spasms present. The injured worker had bilateral sacroiliac tenderness and bilateral trochanteric tenderness and there was some lower abdominal tenderness. Abduction of the right shoulder was 100 degrees, extension was 30 degrees, flexion was 95 degrees in the right shoulder, abduction of the left shoulder was 120 degrees, extension was 30 degrees, and flexion was 130 degrees in the left shoulder. Medications included Tylenol over the counter 500 mg, lidocaine pain patches. The treatment plan is for an MRI of joint upper extremities without dye. The rationale for the request was not provided. The Request for Authorization form was submitted on 08/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI Joint Upper Extremities w/o Dye: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulders, MRIs (magnetic resonance imaging)

**Decision rationale:** The request for MRI Joint Upper Extremities w/o Dye is not medically necessary. The injured worker complained of having neck and lower back pain and burning pain to her right arm on 08/07/2014. The California MTUS/ACOEM Guidelines 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. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. The Official Disability Guidelines (ODG) state Indications for imaging Magnetic resonance imaging (MRI) are acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40, normal plain radiographs, sub-acute shoulder pain, suspect instability/labral tear. There is lack of documentation indicating significant or progressive neurological deficits. There is lack of documentation of the provider's rationale for an MRI testing. The requesting physician did not provide the official report from the prior x-rays. The documentation provided does not indicate progressive neurological deficit. There is no evidence of a significant change in symptoms and findings suggestive of significant pathology. Therefore the request for MRI Joint Upper Extremities w/o Dye is not medically necessary.