

Case Number:	CM13-0008326		
Date Assigned:	11/08/2013	Date of Injury:	09/18/2012
Decision Date:	06/26/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/09/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 18, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; an ergonomic evaluation; and apparent return to work at an earlier point during the life of the claim. In a utilization review report dated July 29, 2013, the claims administrator denied a request for cervical and thoracic MRI imaging while approving request for Tylenol No. 3 and a Medrol Dosepak. A variety of MTUS and non-MTUS Guidelines were seemingly cited. The rationale was quite difficult to follow. The applicant had reportedly had a cervical MRI of January 13, 2013, notable for low-grade disk bulges of uncertain clinical significance. The claims administrator stated that the attending provider had agreed to withdraw the request for MRI imaging through utilization review call. On March 12, 2014, the applicant reported persistent neck and right upper extremity pain. It was stated that the applicant had tenosynovitis of the long head of the biceps. The applicant apparently did not have any evidence of cervical and nerve root compression noted on MRI imaging, it was stated. The applicant had 4+/5 right deltoid and biceps strength, apparently referral to the shoulder with 5/5 bilateral triceps and grip strength, it was stated. It was stated that the applicant's cervical degenerative disk disease was not the source of her symptoms. The applicant has returned to regular duty work. In a February 25, 2014 progress note, it was stated that the applicant had cervical MRI imaging on November 7, 2013 notable for reversal of normal cervical lordosis. On November 15, 2013, the applicant was again described as having what appeared to a new-onset cervical radiculopathy with numbness, tingling, paresthesias about the right arm, some weakness about the deltoid and biceps muscles was noted. Electrodiagnostic testing was sought as they were no acute changes in the

applicant's shoulder MRI. On August 8, 2013, the applicant was again described as reporting persistent neck pain with numbness about the right hand and digits as well as weakness about the hand and wrist, which was not reproducible on that occasion. On July 25, 2013, the applicant was again described as reporting worsening cervical spine radiating to the elbow and wrist, exacerbated by activity. The applicant had slightly diminished sensorium about the right arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI THORACIC SPINE WITHOUT CONTRAST: 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): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, does note that MRI or CT imaging is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, and preparation for an invasive procedure, in this case, however, all of the applicant's symptoms are seemingly referable to the cervical spine, shoulder, and elbow. There was little or no mention made of any active thoracic spine pathology on or around the dates in question. There was no mention of the applicant having any pain complaints about the thoracic spine. There was clearly voiced suspicion of any symptoms referable to the thoracic spine. The bulk of the documentation on file focused on the applicant's cervical spine, shoulder, hand, and elbow. Therefore, the request for thoracic MRI imaging is not medically necessary.