

<b>Case Number:</b>	CM13-0061882		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This patient is a 39-year-old male with a date of injury of 09/11/2012. The listed diagnoses per [REDACTED] are: 1. Lumbar spine strain, rule out lumbar radiculopathy. 2. Left shoulder subacromial impingement syndrome, rule out rotator cuff tear. 3. Left medial epicondylitis. 4. Rule out triangular fibrocartilage tear and intercarpal ligament tear, left wrist. 5. Cervical thoracic spine strain, rule out cervical radiculopathy. 6. Left carpal tunnel syndrome. 7. Left cubital tunnel syndrome. According to report dated 10/22/2013 by [REDACTED], the patient complains of neck/mid-back, left shoulder, left elbow, left wrist/hand, and low back pain. Patient reports a constant pain in his neck described as sharp and aching, which radiates into the mid-back and left shoulder. Any prolonged torquing or positioning of his neck as well as overhead use increases the pain level. Examination of the thoracic spine revealed no muscle guarding or spasm. Range of motion was decreased mildly. The patient did not complain of increasing pain towards terminal range of motion. The treater recommends MRI scans of the cervical spine, thoracic spine, right shoulder, left elbow, left wrist, and left hand.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE THORACIC SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ND Edition, (2004), PAGE 177-178 and Official Disability Guidelines (ODG).

**Decision rationale:** This patient presents with chronic neck and mid-back pain. The treater is requesting an MRI of the thoracic spine. ACOEM Guidelines page 177 and 178 has the following criteria for ordering imaging studies "emergence of red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure." ACOEM Guidelines may be more appropriately applied for acute and subacute cases. For chronic condition, ODG Guidelines recommend MRI studies for chronic neck/thoracic pain after 3 months of conservative treatment, when radiographs are normal, and neurologic signs or symptoms are present. In this case, while the patient complains of mid-back pain, there are no neurologic signs or symptoms such as radiation into chest. There are no red flags either. Recommendation is for denial.