

<b>Case Number:</b>	CM14-0009595		
<b>Date Assigned:</b>	01/28/2014	<b>Date of Injury:</b>	09/21/2010
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Expedited	<b>Application Received:</b>	01/24/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 52 year-old male sustained an injury on 9/21/10 while employed by [REDACTED]. Request under consideration include URGENT MRI thoracic spine. Report of 11/18/13 from [REDACTED] noted the patient with complaints of constant wrist/hand pain radiating to his right hand long finger with occasional infrequent numbness and tingling in his right hand. There are cramping and weakness complaints with dropping of objects. The patient also has neck pain with occasional headaches and stiffness aggravated by movements. There is also constant moderate right shoulder pain radiating into right hand with popping and clicking sensation and numbness and tingling of shoulder and arm. Exam showed TTP of the paraspinal musculature; myofascial TTP of right trapezius musculature; positive Neer's and Hawkin's on the right; positive Phalen's and Durkan's median compression on right. Diagnoses include s/p right carpal tunnel release (January 2013), s/p right middle finger distal interphalangeal joint arthrodesis (October 2010), right shoulder subacromial impingement syndrome rule out rotator cuff tear and cervicothoracic spondylosis, rule out cervical radiculopathy. Request for MRI of thoracic spine was non-certified on 1/24/14, citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**URGENT MRI thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 181-183.  
Decision based on Non-MTUS Citation ODG Lumbar and Thoracic, MRIs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171, 177-179.

**Decision rationale:** This 52 year-old male sustained an injury on 9/21/10 while employed by [REDACTED]. Report of 11/18/13 from [REDACTED] noted the patient with complaints of constant wrist/hand pain radiating to his right hand long finger with occasional infrequent numbness and tingling in his right hand. There are cramping and weakness complaints with dropping of objects. The patient also has neck pain with occasional headaches and stiffness aggravated by movements. There is also constant moderate right shoulder pain radiating into right hand with popping and clicking sensation and numbness and tingling of shoulder and arm. Exam showed TTP of the paraspinal musculature; myofascial TTP of right trapezius musculature; positive Neer's and Hawkin's on the right; positive Phalen's and Durkan's median compression on right. Diagnoses include s/p right carpal tunnel release (January 2013), s/p right middle finger distal interphalangeal joint arthrodesis (October 2010), right shoulder subacromial impingement syndrome rule out rotator cuff tear and cervicothoracic spondylosis, rule out cervical radiculopathy. The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Criteria for ordering imaging studies include 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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI of the thoracic spine nor document any specific clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Urgent MRI of the Thoracic spine is not medically necessary and appropriate.