

Case Number:	CM14-0012342		
Date Assigned:	02/21/2014	Date of Injury:	03/15/2011
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	01/30/2014

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 Illinois. 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 60-year-old female who reported an injury after tripping and falling on 03/15/2011. The injured worker's unofficial MRI of the lumbar spine, dated 01/28/2014, revealed "negative MRI of the thoracic spine." The clinical note dated 02/18/2014 indicated diagnoses of cervical sprain, concussion associated with some memory loss, proximal humerus fracture on the right with possible AC joint involvement and positive cross arm test, radial head impacted fracture on the left with symptomatology, little finger fracture, internal derangement of the knee status post 1 injection, lumbosacral sprain with spasms, impingement syndrome of the shoulder on the right with AC joint involvement and element of depression. The injured worker reported pain in the mid back, low back, right shoulder, left elbow, and bilateral knees. The injured worker rated her pain at 8-9/10. The injured worker had intermittent pain in her other injured parts at 7-8/10. The injured worker reported tramadol decreased her pain level allowing her to be more functional. The injured worker admitted to frequent spasms in the back and neck. She reported Flexeril helped to decrease the intensity and frequency of the spasms. The injured worker reported to having numbness and tingling in the left arm. The injured worker worked full time; however, she had more pain at the end of the day. The injured worker reported pain does wake her up at night and resulted in tiredness the next day. The injured worker reported she felt depressed sometimes due to chronic pain that decreased her ability to do work. On physical exam, the injured worker's neck extension was 20 degrees and flexion was 25 degrees, right upper extremity abducted to 120 degrees, the left elbow extended to 180 degrees and flexion to 170 degrees. The injured worker's lumbar extension was 15 degrees, and flexion was 25 degrees. The injured worker's bilateral lower extremities extended to 180 degrees and flexed to 110 degrees. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Tramadol and Flexeril The

provider submitted a request for an MRI of the thoracic spine. The Request for Authorization, dated 01/21/2014, was submitted for an MRI of the thoracic spine; however, a rationale is not provided for review.

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 THORACIC 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): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: The California MTUS/ACOEM Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The guidelines also state 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 Official Disability Guidelines (ODG) state repeat MRIs is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). There is a lack of documentation to indicate the injured worker participated in any conservative care. In addition, there is a lack of objective documentation or red flag conditions that would warrant an MRI. The injured worker had an MRI previously and a repeat MRI is not routinely recommended in the absence of new or progressive neurological deficits. The documentation submitted did not indicate any significant change in symptoms or findings suggestive of tumor, infection, fractures, neural compressions or recurrent disc herniations. Therefore, the request for a magnetic resonance imaging (MRI) of the thoracic spine is not medically necessary and appropriate.