

Case Number:	CM14-0016065		
Date Assigned:	06/04/2014	Date of Injury:	07/24/2008
Decision Date:	07/11/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

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&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 48 year old female who reported an injury on 07/24/2008. The mechanism of injury was not noted within the documentation submitted for review. The injured worker complained of neck pain at 6/10, right shoulder pain 7/10, bilateral elbow pain 6/10 and bilateral wrist pain 7/10. The injured workers history included right subacromial impingement syndrome, cervicothoracic spondylosis and bilateral intra-carpal ligament tear. An electromyography (EMG) and nerve conduction study (NCS) performed 02/12/2014 was noted to be normal. The treatment plan was to rule out peripheral nerve entrapment in the upper extremities and cervical radiculopathy. A current medication list was not submitted with the documentation for review. Prior treatments were not provided. The request for authorization form was not submitted with the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE THORACIC SPINE, WITHOUT CONTRAST, AS AN OUTPATIENT.:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

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

Decision rationale: The request for magnetic resonance imaging (MRI) of the thoracic spine, without contrast is non-certified. The injured worker complained of neck pain at 6/10, right shoulder pain 7/10, bilateral elbow pain 6/10 and bilateral wrist pain 7/10. ACOEM states that special studies are not need unless a three or four week period of conservative care and observation fails to improve symptoms. The guidelines further state the following criteria for the use of imaging studies: the emergence of a red flag, evidence of tissue insult or neurologic dysfunction, failure of a strengthening program, or clarification of the anatomy prior to an invasive procedure. There is a lack of documentation provided to indicate the failure of conservative care. There is also no indication of the emergence of a red flag, tissue insult or neurologic dysfunction, failure of a strengthening program, or the intent to undergo an invasive procedure requiring the use of magnetic resonance imaging. Therefore, the request for MRI of the thoracic spine, without contrast is not medically necessary and appropriate.