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| Case Number: | CM14-0155719 | | |
| Date Assigned: | 09/25/2014 | Date of Injury: | 12/18/2009 |
| Decision Date: | 10/28/2014 | UR Denial Date: | 08/29/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

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 California and Illinois and is licensed to practice in . 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 59-year-old female who reported an injury on 12/18/2009. The mechanism of injury was not provided. The injured worker's diagnoses included impingement syndrome, de Quervain's tenosynovitis, contusion of the ribs/chest wall, cubital tunnel syndrome, cervical spinal stenosis, cervical disc degeneration, and supraspinatus tendinitis. Her past treatments included medications. The injured worker's diagnostic testing included an EMG testing of the upper extremity on 03/28/2014; the findings were noted to reveal mild right carpal tunnel syndrome. On 07/19/2012, an MRI of the cervical spine was performed which was noted to reveal 2 mm disc protrusion at C2-3 with mild neural foraminal narrowing. The injured worker's surgical history included a left shoulder arthroscopy on 09/08/2010. On 07/24/2014, the injured worker complained of pain and swelling of her ribcage, with moderate to severe pain of the left shoulder, left elbow, left wrist, and neck pain. Upon physical examination, the injured worker was noted with palpable tenderness and swelling over left aspect of the ribcage, worse over the eighth to tenth ribs and the mid auxiliary line. The injured worker's medications included Norco, Soma, Protonix, Terocin, and Lidoderm patches. The request was for an MRI of the thoracic spine to further evaluate and determine the source of the injured worker's pain. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker complained of pain and swelling of her ribcage. Upon physical examination, there were no neurological deficits documented. The documentation did not provide sufficient evidence of tried and failed conservative care to include physical therapy, home exercise, and medication. In the absence of documentation with evidence of failed conservative care and clear significant objective neurological deficits, the request is not supported at this time. Therefore, an MRI of the thoracic spine is not medically necessary.