MAXIMUS Federal Services

Case Number:	CM14-0168992		
Date Assigned:	10/17/2014	Date of Injury:	04/24/2013
Decision Date:	11/19/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/14/2014

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 32-year-old female who sustained an injury on 4/24/13. As per 9/11/14 report, she presented with frequent and sharp neck pain rated at 10/10, bilateral shoulder pain rated at 10/10, left wrist/hand pain that was described as frequent and weak and rated at 10/10, and frequent and sharp upper back pain rated at 9/10; all the pain levels she reported were without medications and she also had difficulty sleeping, anxiety and depression. Examination revealed neck stiffness/tenderness, bilateral extremity tenderness at bilateral shoulders, arms, and wrists, and cervical spine/thoracic spine tenderness and decreased sensation in bilateral upper extremities, and ROM was limited by pain. She is currently on Ibuprofen, Soma and Tramadol. She was recommended for MRI without contrast of cervical spine, thoracic spine, bilateral shoulders and left wrist, EMG/NCV of bilateral upper extremities, acupuncture treatment two times per week times four weeks, and also psychiatric evaluation. No previous MRI or other diagnostic studies were documented. Diagnoses include cervical sprain/strain, thoracic sprain/strain, bilateral shoulder sprain/strain, bilateral arm sprain/strain, bilateral wrist sprain/strain, insomnia, adjustment disorder with mixed anxiety and depression.The request for MRI thoracic was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Thoracic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Premium, Magnetic Resonance Imaging

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Back

Decision rationale: As per CA MTUS ACOEM neither addresses the issue. Per ODG, MRI of the thoracic spine is indicated in spine trauma with neurological deficits or when there are red-flag signs. In this case, there is clinical documentation of pain in the upper back, but with no radiation in the thoracic nerve roots dermatomes (i.e. across chest). There is no evidence of any neurological deficits, correlating with thoracic spine radiculitis. There is no evidence of any red flag signs or history of trauma. Thus, the request for MRI of the thoracic spine is not medically necessary.