

Case Number:	CM14-0027374		
Date Assigned:	06/13/2014	Date of Injury:	10/29/2010
Decision Date:	07/31/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/04/2014

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 Diagnostic Radiology, and is licensed to practice in California, Florida, Georgia, Maryland, South Carolina, and Utah. 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 53-year-old female who reported an injury on 10/29/10 due to lifting a recycling bin. The injured worker complained of right-sided neck, right shoulder, and right arm pain. In the examination dated 2/5/14, there was painful and limited range of motion of the right shoulder and cervical spine, and digital palpation of the right arm and shoulder and right side of the cervical paraspinal musculature produces pain and tenderness. Apprehension tests of the right upper extremities revealed painful and limited range of motion of the right shoulder. The injured worker's diagnoses were cervicalgia pain in the right shoulder, synovitis, bursitis and tenosynovitis of the shoulder. The injured worker's treatment plan was for an MRI of the thoracic spine. The injured worker's past treatments and diagnostics include an MR scan, magnetic resonance of the cervical spine and right shoulder, dated 1/20/14. The MR scan revealed that there were multilevel small disc extensions into the midline measuring approximately 1.5 mm at the C4-5, C5-6, and C7-T1 levels, and 2 mm at the C6-7 level, all effacing the thecal sac, but not distorting the spinal cord. There was no documented pain medication on the physical examination dated 2/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

An MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in an injured worker who does not respond to treatment and who would consider surgery an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of the painful symptom and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or soft tissue or computer tomography [CT] for bony structures). On the examination dated 2/5/14, the injured worker complained of right shoulder, right side of neck, and right arm pain. There was no objective evidence provided in the documentation as to the presence of any thoracic pain or problems. The medical necessity for the request was not established in the documentation. As such, the request is not medically necessary.