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| <b>Case Number:</b>   | CM14-0030575 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 05/26/2012 |
| <b>Decision Date:</b> | 08/12/2014   | <b>UR Denial Date:</b>       | 02/07/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/10/2014 |

### 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 25-year-old female who reported an injury on 05/26/2012 due to accumulative trauma. On 04/02/2014 the injured worker presented with neck and bilateral shoulder pain and bilateral hand and wrist pain with weakness, numbness and tingling. Upon examination, there was tenderness of the cervical paraspinal musculature and painful range of motion. The bilateral shoulder is noted to have tenderness to palpation and tenderness over the proximal dorsal forearm musculature bilaterally. Examination of the thoracic spine revealed muscle guarding and spasm over the thoracic paraspinal musculature and painful range of motion. There is decreased sensation to light touch in the medial and ulnar aspect bilaterally. Diagnoses were myofascial pain syndrome for the bilateral upper extremities, bilateral dorsal forearm extensor tendinitis, right shoulder subacromial impingement syndrome and cervicothoracic spine strain. Prior therapy included medication. The provider recommended a magnetic resonance imaging of the thoracic spine. The provider's rationale was not provided. The request for authorization form was not included in the medical documents 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 the Thoracic spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**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 of the thoracic spine is not medically necessary. The California MTUS Guidelines/ACOEM Guidelines state that special studies are not needed for injured workers presenting with true back problems. A 3 to 4 week period of conservative care and observations fails to improve symptoms. Most injured workers improve quickly providing any red flag conditions are ruled out. The criteria for imaging studies include emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. The included medical documentation does not indicate that the injured worker has an emergence of a red flag or physiologic evidence of a tissue insult or neurologic dysfunction. There was lack of evidence that the injured worker has failed a 3 to 4 week period of conservative care to include medications and physical therapy. This rationale for the MRI was not provided. As such, the request is not medically necessary.