

Case Number:	CM14-0090933		
Date Assigned:	09/10/2014	Date of Injury:	04/01/2014
Decision Date:	10/14/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 33-year-old male who reported an injury on 04/01/2014 due to loading freight into an elevator and the freight elevator door crashed down onto his right shoulder. Physical examination on 05/09/2014 revealed diagnoses of contusion right shoulder; strain, cervical spine; sprain, thoracic spine. Past treatments were medications, home stretching/exercise program, and physical therapy. The injured worker was instructed to contact his provider with any questions. He was to perform exercises as instructed, perform stretching, use heat before activities, and use ice after activities and continue authorized physical therapy. Examination on 05/30/2014 revealed perform exercises, as instructed and follow-up after completion of all diagnostic studies. Medications were ibuprofen and cyclobenzaprine. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

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

Decision rationale: The decision for MRI without contrast of the thoracic spine is not medically necessary. The California ACOEM Guidelines state for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult and neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on a physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear; however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. There was no neurological examination on the injured worker provided. There was not an emergence of a red flag sign or symptom. Outcomes from the physical therapy sessions were not reported. There was not a physical examination on the lumbar or thoracic spine reported. There were no significant factors provided to justify the MRI without contrast of the thoracic spine. Therefore, this request is not medically necessary.