

Case Number:	CM14-0092269		
Date Assigned:	07/25/2014	Date of Injury:	02/06/2009
Decision Date:	08/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/18/2014

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 Nevada. 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 52 year-old female who was reportedly injured on 2/6/2009. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated 4/30/2014, indicates that there are ongoing complaints of neck pain, right shoulder pain, low back pain, and right hip pain. The physical examination demonstrated cervical spine with positive tenderness to palpation in the bilateral scapular region and bilateral upper trapezius region. Spurling's test was positive on the right, and negative on the left. Exam of the right shoulder reveals diffuse tenderness including the acromioclavicular joint with cross body and adduction tests. Positive Hawkins and positive Neer's tests. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, epidural steroid injections, and medications. A request was made for magnetic resonance imaging (MRI) of the thoracic spine, and was not certified in the pre-authorization process on 5/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: American College of Occupational and Environmental Medicine treatment guidelines support an magnetic resonance image of the thoracic spine for patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the magnetic resonance image confirms ongoing nerve root compression. Review of the available medical records report no documentation of radiculopathy in a specific dermatomal pattern of the upper extremity. As such, the request is not considered medically necessary.