

<b>Case Number:</b>	CM13-0011738		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 55 year old female, who sustained an industrial injury on April 9, 2012. The diagnoses have included cervical spine/thoracic spine/lumbar spine rule out herniated nucleus pulposus, bilateral shoulder rule out impingement /tear, bilateral wrist sprain/strain, bilateral de Quervain's tenosynovitis, and bilateral lateral epicondylitis. Treatment to date has included splinting and medications. Currently, the injured worker complains of cervical spine, bilateral shoulder, bilateral wrist, hands, thoracic spine, and lumbar spine pain. The Primary Treating Physician's report dated June 13, 2013, noted the thoracic spine and lumbar spine with decreased range of motion with pain. On July 23, 2013, Utilization Review non-certified an urgent MRI thoracic spine without contrast and an urgent MRI cervical spine without contrast, noting that the medical records were unclear in terms of the specific neurological findings and specific neurological differential diagnosis to be evaluated through the requested imaging findings. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Neck and Upper Back Complaints, was cited. On August 8, 2013, the injured worker submitted an application for IMR for review of an urgent MRI thoracic spine without contrast and an urgent MRI cervical spine without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urgent Magnetic Resonance Imaging (MRI) Thoracic Spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back MRI

**Decision rationale:** The patient presents with pain affecting the bilateral wrists and shoulders. The current request is for Urgent MRI Thoracic Spine without Contrast. The treating physician checked a box stating that they would like the patient to get a MRI exam done. (9B) The ODG guidelines support MRIs if the patient has had a thoracic spine trauma with neurological deficit, myelopathy, or any other red flags. In this case, the treating physician has not documented any thoracic spine trauma or that the patient has had any other red flags. In the records provided for review, there were not any signs or symptoms of thoracic spine pain. The current request is not medically necessary.

**Urgent Magnetic Resonance Imaging (MRI) Cervical Spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Neck and Upper Back MRI

**Decision rationale:** The patient presents with pain affecting the bilateral wrists and shoulders. The current request is for Urgent MRI Cervical Spine without Contrast. The treating physician checked a box stating that they would like the patient to receive an MRI exam. The ODG guidelines support MRIs if the patient has had chronic neck pain, neck pain with signs of radiculopathy, or suspected cervical spine trauma. In this case, the treating physician has not documented that the patient has had any cervical spine pain or signs of radiculopathy. The current request is not medically necessary.