

<b>Case Number:</b>	CM14-0195647		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	09/02/2014
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Family Practice, and is licensed to practice in California. 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 40 year old male who sustained a work related injury September 2, 2014. While working, he was assaulted by 4 individuals by punching and kicking to the head face and back. A discharge summary from the Emergency Department dated the day of injury, September 2, 2014, documents the final diagnosis as neck contusion with additional diagnoses of back chest and head contusion, s/p assault. A cervical spine AP and Lateral 3-4 view and chest x-ray PA and Lateral were performed but no reports are present in this case file. On September 12, 2014, a report of occupational injury or illness dated September 12, 2014, finds the injured worker with complaints of neck, bilateral shoulder, left knee, low back and anterior rib pain, with headaches and nervousness. Diagnoses included; post-traumatic cephalgia, subluxation ribs, cervical facet injury, rule out cervical and lumbar disc, shoulder left knee cervical thoracic and lumbar sprain strain. Treatment plan included; psychiatric evaluation, chiropractic manipulation and physical therapy 3 x 4 manipulation/mobilization, home stretching, exercise program, physiotherapy, and ice/heat. Work status off work to 10/12/2014. On October 8, 2014, a primary physician's physical evaluation reveals palpation of the cervical spine myospasm and pain C4-T5; cervical, spine, and shoulder range of motion within normal limits; cervical distraction test positive for closed IVF facet radiation; shoulder decompression test positive, positive supraspinatus tendinitis, and coracoid push button sign positive for shoulder bursitis. Muscle strength of the neck and upper extremities and deep tendon reflexes of the upper extremities are within normal limits. Palpation of the thoracolumbar spine revealed muscle spasm and pain L2-L5. Dorsolumbar range of motion was full with thoracolumbar myospasm and pain. Kemp's test positive for facet syndrome, disc involvement, Ely's test positive for pain in the sacroiliac region, and Yeoman's test positive for pain in the lumbar spine. Muscle strength and deep tendon reflexes are within normal limits. Cervical x-rays performed 9/12/2014 noted decreased cervical

lordosis (not present in file, present in file dated October 20, 2014, is a detailed report of a cervical spine study). Treatment plan includes physical therapy and requests for cervical and lumbar MRI. Work status remains off work and is not yet permanent and stationary. An MRI of the cervical spine on 10/20/14 indicated left foraminal compromise from C3-C5 and disk bulging from C5-C7. According to utilization review report dated October 20, 2014, there is no evidence of radicular pain, neurological examinations are normal with no evidence of possible nerve root compression, and cervical and upper extremity range of motion and strength are normal. Citing ACOEM Guidelines there is a lack of clinical rationale to support this request and is therefore non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI TO THE THORACIC SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MRIs

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

**Decision rationale:** According to the ACOEM guidelines, an MRI of the thoracic spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The claimant had predominant cervical and lumbar symptoms. An MRI of the cervical region was completed. The request for an MRI of the thoracic spine is not medically necessary.