

Case Number:	CM14-0209464		
Date Assigned:	12/22/2014	Date of Injury:	07/14/2014
Decision Date:	02/11/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, 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:

This 55 year-old patient sustained an injury on 7/14/14 from pushing a dolly of boxes while employed by [REDACTED]. Request(s) under consideration include Magnetic Resonance Imaging (MRI) of the Thoracic Spine. Diagnoses include thoracic sprain and back muscle spasm. Conservative care has included medications, therapy, injections, and modified activities/rest. Medications list Tramadol, Cyclobenzaprine, Orphenadrine, and Etolodac. The patient continues to treat for chronic ongoing pain symptoms. Report of 9/3/14 from a provider noted thoracic back pain rated at 7/10. Exam showed normal neurological findings with normal thoracolumbar range; thoracolumbar paravertebral tenderness without spasm. The medical provider noted expected MMI of 9/12/14. The patient sought legal counsel and was referred to chiropractic provider. Initial consult on 10/1/14 noted neck pain radiating to shoulder and upper back and shoulder pain rated at 9/10. Exam showed thoracic tenderness and positive impingement signs bilaterally. Report of 11/5/14 from the chiropractic provider noted continued bilateral shoulder and upper back pain; noting therapy was helping, but now with depression and tension. Exam showed unchanged findings of tenderness at bilateral thoracic T3-6 and positive impingement signs. The request(s) for Magnetic Resonance Imaging (MRI) of the Thoracic Spine was non-certified on 11/21/14 citing guidelines criteria and lack of medical necessity.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The injured worker is 57 year-old female who was injured on 2/11/14 when she was sitting and the chair slipped out from under her and she fell, hitting the back of her head on a cabinet. She complained of headaches, neck pain, left shoulder pain, left elbow pain, depression, and anxiety. On exam, she had a tender cervical spine and spasms of bilateral lumbar paraspinal muscles, decreased range of motion, right shoulder tenderness with decreased range of motion, right elbow tenderness, and right knee tenderness with decreased range of motion. Electrodiagnostic testing showed cervical nerve root irritation/ traction injury. A cervical spine x-ray showed degenerative changes at C5-6. A 8/2014 left shoulder x-ray showed slight separation of the acromioclavicular joint but no fractures. The patient was diagnosed with head pain, cervical musculoligamentous strain with radiculitis, right shoulder sprain, left shoulder rotator cuff tendinitis with trapezial strain, right elbow sprain, right elbow lateral epicondylitis, right knee sprain, and rule out right knee internal derangement. Treatment plan included topical analgesics, cyclobenzaprine, motrin, right elbow sleeve, interferential unit, shock wave treatment for the right elbow. The patient had a functional capacity evaluation on 4/18/14. The current request is for an x-ray of the shoulder.