

Case Number:	CM14-0050651		
Date Assigned:	07/07/2014	Date of Injury:	10/06/2010
Decision Date:	04/08/2015	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/18/2014

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. 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

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 (IW) is a 40 year old female who sustained an industrial injury on 10/06/2010. She has reported headaches, pain in the left upper extremity, and pain in the left TMJ, dizziness, pain in the upper back with radiation into the chest, and emotional distress. Diagnoses include chronic regional pain syndrome of the left distal forearm; cephalgia and dizziness; left hemi hypoesthesia; left arm reflex sympathetic dystrophy, left TMJ pain; pain to the left shoulder, left elbow, both wrists, and right hand; emotional distress; sleep disturbance; cognitive impairment; sexual dysfunction; and weight gain. Treatment to date include radial nerve decompression on 10/07/2010, stellate ganglion blocks, acupuncture, unspecified cervical injection, and pain management and medications of Opana 10 mg twice a day, Neurontin, and Cymbalta. A progress note from the treating provider dated 01/23/2014 indicates the Injured Worker presented with TMJ and left maxillary paresthesia, and neck pain going into the left arm with numbness, burning and swelling with hot or cold temperature. She has left shoulder pain worsened with activity. Her skin is extremely sensitive to heat and cold. She has trophic nail and skin changes, joint pain in the right hand and right elbow, and she relates a sensation of electricity going from both elbows into both hands, much worse on the left side. On exam, she had left hemi hypoesthesia, and left non dermatomal hypoesthesia of the left hand with allodynia and hyperpathia. She had left more than right dysesthesia at the scapular regions. The left upper extremity had no left wrist motion or motion of the fingers of her left hand. Her left arm was hot with white discoloration and trophic changes. Treatment plans included requesting MRI scans, done on a 3.0 Tesla machine, of the head, both TMJ, left shoulder, left elbow, left wrist/hand,

cervical, thoracic and lumbar spine. On 03/20/2014 Utilization Review non-certified a request for THORACIC SPINE MRI TESLA 3.0. The ACOEM guidelines were cited

IMR ISSUES, DECISIONS AND RATIONALES

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

THORACIC SPINE MRI TESLA 3.0: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, MRI.

Decision rationale: This patient presents with headaches, TMJ pain, left maxillary paresthesias, neck pain with left arm numbness, left shoulder pain and low back pain with bilateral foot burning pain with numbness and tingling into the dorsum of the feet. The current request is for THORACIC SPINE MRI TESLA 3.0. ACOEM Guidelines page 177 and 178 has the following criteria for ordering images: "emergence of red flags, physiologic evidence of tissue insult, or neurologic dysfunction; failing to progress strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure". The ODG Guidelines under the low back and thoracic chapter has the following regarding MRIs, "recommended for indications below. MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least 1 month conservative therapy, sooner if there is severe or progressive neurological deficit". In this case, the patient does not complain of any thoracic spine pain and there is no examination of the thoracic spine. The medical necessity of a MRI of the thoracic spine has not been established. This request IS NOT medically necessary.