

<b>Case Number:</b>	CM14-0089726		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/11/2014
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 is a male patient with a date of injury CT on 2/11/14. The mechanism of injury is described as sustaining cumulative trauma injuries to his psyche, kidneys, head, neck, shoulders, back, legs and both upper/lower extremities during the course of employment. A surgical follow up visit dated 3/17/14 described the patient as status post right dorsal wrist ganglion excision, TFCC reconstruction and postoperative course complicated by mild reflex sympathetic dystrophy, which significantly improved following certified hand therapy. Subjective complaints are noted as with continued progress, improvement in right shoulder, forearm, wrist and hand motion. A request was made for pre-authorization to schedule additional physical therapy sessions. The treatment plan involved elevation of left lower extremity, partial weight bearing and continue with Theraproxen. He was to remain off of work duty until the next office visit. A primary physician visit dated 3/24/14 described chief complaint of frequent headaches, intermittent neck pain accompanied by numbness and tingling that radiated into the bilateral upper extremities. The pain is reported increased with turning head from side to side, flexing and extending the head and neck and reaching or lifting. The patient stated that he was terminated on 2/10/14. The following diagnosis were applied: cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, bilateral shoulder pain strain/sprain, history of kidney pain and anxiety/stress. Another office visit date 3/31/14 described improvement with less calf tenderness, minimal edema and ambulation with cane. A request from authorization dated 4/1/14 asking for chiropractic treatment twice weekly for four weeks. A primary treating office visit dated 4/25/14 showed the patient returning to modified work 04/25 through 05/28. An orthopedic evaluation dated 8/11/14 reported the patient having reached a plateau and the clinical status considered to be permanent and stationary. A request for obtaining an MRI of the cervical/thoracic spine noted denied by Utilization Review on 5/29/14 as not meeting medical necessity requirements.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MRI of the Cervical Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-171, 177-179.

**Decision rationale:** The patient is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical findings to support this imaging study as the patient has no defined correlating dermatomal/myotomal deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the Cervical Spine is not medically necessary and appropriate.

### **MRI of the Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Lumbar Thoracic (Acute & Chronic) MRIs

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

**Decision rationale:** ACOEM Treatment Guidelines for the Upper/Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for this

MRI nor document any failed conservative trial with medications and therapy. The patient has chronic symptom complaints with diffuse non-correlating neurological findings. Also, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the Thoracic Spine is not medically necessary and appropriate.