

<b>Case Number:</b>	CM15-0009154		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	05/23/2006
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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 is a 36 year old female, who sustained an industrial injury on 05/23/2006. She has reported neck, wrist, and upper extremity pain. The diagnoses have included cervicalgia; carpal tunnel syndrome; and cervical myelopathy. Treatment to date has included medications and physical therapy. Medications have included Norco, Tizanidine, and Valium. Surgical interventions have included right carpal tunnel release in June, 2010. A progress note from the treating physician, dated 12/08/2014, documented a follow-up visit with the injured worker. The injured worker reported pain in the neck, upper extremity, hand, and wrist, as well as numbness; worsening hand weakness, dropping of objects; gait imbalance worsening; bilateral wrist pain; urinary urgency; and pain is worsening and is rated 7/10 on the visual analog scale. Objective findings included tenderness to palpation over the C3-4 with palpable paraspinal muscle spasms; positive Tinel's and Phalen's tests; limited range of motion of the cervical spine secondary to pain; right upper extremity reflex elicits immediate right lower extremity trigger; Spurling's test is positive; and Hoffman reflex is significantly positive on the right side statically and dynamically. The treatment plan has included continuation of medications: Norco, Tizanidine, and Valium; request for MRI of the cervical spine; request for flexion-extension x-rays of the cervical spine; and follow-up evaluation after the MRI. On 12/15/2014 Utilization Review noncertified a prescription for MRI Thoracic Spine. The ODG-TWC, Low Back Procedure Summary was cited. On 01/11/2015, the injured worker submitted an application for IMR for review of a prescription for MRI Thoracic Spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI T Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Procedure Summary, Indications for magnetic resonance imaging, Thoracic Spine

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): Chapter 12, pages 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 with intact motor strength and diffuse non-dermatomal decreased sensation. Also, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI T spine is not medically necessary and appropriate.