

Case Number:	CM15-0103430		
Date Assigned:	06/08/2015	Date of Injury:	09/03/2014
Decision Date:	09/01/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/29/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 25 year old male who sustained an industrial injury on 09/03/2014. He reported an injury to the left shoulder blade due to overcompensating from the right shoulder hurting. The injured worker was diagnosed as having cervical strain and trapezius strain. Treatment to date has included Ibuprofen. In his provider visit of 01-13-2015, the injured worker complains of pain in the right trapezius that he rates at about a 3-4 on a scale of 10. There is no radiation of the pain and no shoulder pain. On examination he has full range of motion of the cervical spine with no obvious weakness of the paraspinals, and normal sensation of the upper extremities. His back has minimal tenderness at T5-6 paraspinous muscle area. On exam 01-19-2015, he has no changes in the exam, with exception of pain at the limits of motion on range of motion in the bilateral shoulders. He has diffuse tenderness to palpation in the cervical or trapezial musculature more so right than left side. He remains on modified duty consisting of a 50 lb. lifting restriction. The worker declined chiropractic care, but he plans to go to his approved acupuncture sessions and an orthopedic referral. A request was later made for authorization of a MRI of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: 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. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The back pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for a MRI of the thoracic spine and the request is not medically necessary.