

Case Number:	CM15-0131025		
Date Assigned:	07/17/2015	Date of Injury:	05/29/2014
Decision Date:	08/13/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 39 year old male sustained an industrial injury to the back and bilateral shoulders on 5/29/14. Previous treatment included left shoulder arthroscopy, physical therapy, psychological care with group therapy and medications. Magnetic resonance imaging cervical spine showed C6-7 bilateral foraminal narrowing and canal stenosis due to a broad based disc protrusion with bilateral nerve root compromise. Documentation did not disclose previous magnetic resonance imaging of the thoracic spine. In a PR-2 dated 6/8/15, the injured worker complained of frequent moderate to severe thoracic spine pain as well as pain to the left shoulder and cervical spine, headaches and stress. Physical exam was remarkable for thoracic spine with tenderness to palpation to the bilateral paraspinal musculature from T1 to T7 with spasms and positive bilateral Kemp's test. Current diagnoses included left superior labral anterior posterior lesion, thoracic spine disc displacement without myelopathy, left shoulder rotator cuff syndrome, cervical spine disc herniation without myelopathy, anxiety and sleep disorder. The physician noted that the thoracic spine showed red flags of chronic pain and positive orthopedic tests. The treatment plan included medications (topical compound creams and Flexeril), a neurologic consultation, a three dimensional magnetic resonance imaging thoracic spine and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D MRI for the thoracic: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): American College of Occupational and Environmental Medicine especially Page 303, Back Complaints.

Decision rationale: This claimant was injured over a year ago with injury to the back and bilateral shoulders. Previous treatment included a left shoulder arthroscopy, physical therapy, and psychological care with group therapy and medications. Magnetic resonance imaging cervical spine showed C6-7 bilateral foraminal narrowing and canal stenosis due to a broad based disc protrusion with bilateral nerve root compromise. As of June 2015, the injured worker complained of frequent moderate to severe thoracic spine, left shoulder, cervical spine pain and headaches and stress. The physician noted that the thoracic spine showed red flags of chronic pain and positive orthopedic tests, but these findings are not specifically mentioned. Plans were for a neurologic consultation, a three-dimensional magnetic resonance imaging of the thoracic spine and continuing home exercise. Under MTUS/ACOEM, although there is subjective information presented in regarding increasing pain, there are no accompanying physical signs. Even if the signs are of an equivocal nature, the MTUS note that electrodiagnostic confirmation generally comes first. They note "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." The guides warn that indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. I did not find electrodiagnostic studies. Insufficient criteria are noted to certify the thoracic MRI request. As a basic MRI is not certified, a 3D variety moreover would also not be medically necessary.