

Case Number:	CM15-0164797		
Date Assigned:	09/02/2015	Date of Injury:	02/04/2013
Decision Date:	10/05/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/21/2015

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 is a 50 year old female with an industrial injury dated 02-04-2013. The injured worker's diagnoses include cervical stenosis and kyphosis. Treatment consisted of Magnetic Resonance Imaging (MRI) of the cervical spine, prescribed medications, and periodic follow up visits. In a progress note dated 07-08-2015, the injured worker presented for the treatment of recurrent and progressive cervical spine pain. The injured worker reported pain extending from the posterior cervical triangles into the interscapular areas bilaterally. Documentation noted that the injured worker also had apical thoracic pain between the shoulder blades. Objective findings revealed limited cervical range of motion with end point pain, tenderness to palpitation of the posterior cervical muscle with spasticity extending to trapezius musculature and interscapular musculature and positive Spurling's test. The treating physician assessment was status post injury to the cervical spine with progressive disability unresponsive to non-operative treatment. The treatment plan consisted of elected cervical spine surgery and a general screening of Magnetic Resonance Imaging (MRI) to rule out any intrinsic abnormalities. The treating physician prescribed services for Magnetic Resonance Imaging (MRI) Thoracic spine, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Thoracic spine: Upheld

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

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 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.