

<b>Case Number:</b>	CM15-0188138		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	11/30/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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 41 year old male, who sustained an industrial injury on 11-30-14. Medical records indicate that the injured worker is undergoing treatment for a left shoulder rotator cuff injury, myofascial pain syndrome, right long nerve neuropathy and third degree electrical burns to the bilateral upper extremities, back and right side of the face. The injured worker was noted to be working with modifications. On (8-25-15) the injured worker was seen to assess his injuries. Subjective findings were not noted. Objective findings revealed a positive rotator cuff impingement test in the left shoulder. Motor strength was noted to be decreased in the left shoulder. A progress noted dated 8-11-15 notes that the injured worker had a right long thoracic nerve injury on the right side. Treatment and evaluation to date has included medications, cervical MRI, electrodiagnostic studies of the left upper extremity, exercises and acupuncture treatments. Current medications include Tylenol # 4 and Amrix. Medications tried and failed include Lyrica. Current treatment request includes an MRI of the thoracic spine. The Utilization Review documentation dated 9-4-15 non-certified the request for an 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, under MRIs.

**Decision rationale:** The 41 year old patient presents with 3rd degree skin burn to bilateral upper extremity, back and right face; right shoulder rotator cuff injury; myofascial pain syndrome; and right long nerve neuropathy; as per progress report dated 08/25/15. The request is for MRI of the thoracic spine. The RFA for this case is dated 08/25/15, and the patient's date of injury is 11/30/14. Medications, as per progress report dated 08/25/15, included Tylenol # 4 and Amrix. As per report dated 08/11/15, the patient suffered from right thoracic nerve injury. MRI of the brachial plexus, dated 07/30/15, revealed asymmetric atrophy and increased T2 signal within the supraspinatus muscle along with mildly increased T2 signal in infraspinatus and subscapularis muscles. Diagnoses, as per progress report dated 08/10/15, included cervicobrachial syndrome with radicular symptoms, possible left brachioplexopathy, Right Winging of scapula - thoracic nerve palsy, left rotator cuff syndrome, SLAP lesion of left shoulder, upper back pain, and headaches. The patient is on modified duty, as per progress report dated 08/25/15. ACOEM Guidelines, chapter 8, Neck and Upper Back Complaints 2004 and Special Studies, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG guidelines, Low back chapter under MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. In this case, the progress reports do not indicate a prior MRI of the thoracic spine. The current request for thoracic MRI for further evaluation is noted in progress report dated 08/25/15. The patient has had pain in the region for eight to nine months, as per progress report dated 08/18/15. Physical examination revealed tenderness to palpation at T4-T5. The patient is status post thoracic nerve injury, and the brachial plexus MRI revealed abnormal T2 nerve signals.

Given the upper back pain and the neurologic issues, an MRI appears reasonable. ODG also supports the use of MRIs in patients with neurologic deficits. Hence, the request IS medically necessary.