

<b>Case Number:</b>	CM15-0194604		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	09/10/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: Emergency 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:

The injured worker is a 34-year-old female with a date of injury on 09-10-2014. The injured worker is undergoing treatment for cervical sprain-strain, thoracic strain-sprain, and myofascial pain. A physician progress note dated 08-17-2015 documents the injured worker has an exacerbation of her upper back and neck pain. She was transferring a patient and felt a pop just under her left shoulder blade with mild pain. She has a burning and twitching along her shoulder blade and left trapezius. Taking a deep breath is very painful as she feels a tight muscle spam with pain wrapping around her torso. Her neck is popping more than usual. She has numbness in her left arm. She has full range of motion in hr thoracic spine. There is a point of tenderness over the mid-thoracic spine processes and paraspinous muscles. There is a large palpable trigger point over the left rhomboid and periscapular muscles, producing concordant pain. Her cervical spine is tender, there is a ropy upper left trapezius with periscapular muscle tenderness, and there is tenderness over eth left-sided cervical paraspinal musculature. Cervical spine range of motion is restricted, and she has discomfort towards end ranges of motion. Treatment to date has included diagnostic studies, medications, physical therapy, activity modifications and trigger point injections. She was given samples of Flector patches. An unofficial report of thoracic X rays report done on 04-27-2015 show mild to moderate scoliosis and straightening of the thoracic kyphosis. Minimal discogenic disease is seen. A cervical Magnetic Resonance Imaging done on 08-25-2015 revealed at C5-6 and C6-7 there was narrowing and desiccation the disc space with posterior spurring and bulging causing encroachment on the anterior aspect of the thecal sac. The treatment plan includes dispensing a trial of Flector patches, and a recommendation for Lidoderm patches. On 09-09-2015 Utilization Review non-certified the request for Magnetic Resonance Imaging 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Neck and Upper Back Chapter: MRI.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, Special Studies.

**Decision rationale:** As per ACOEM guidelines, indications for upper back imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. Most pain is noted to be muscular in nature. There is no documentation of any neurological or motor deficits. There is no documentation of how MRI will change management. Not medically necessary.