

Case Number:	CM15-0195954		
Date Assigned:	10/09/2015	Date of Injury:	03/05/2015
Decision Date:	11/19/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	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 33 year old male, who sustained an industrial injury on 03-05-2015. The injured worker is currently able to return to work with modifications and if no modifications are available, then temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for cervical, thoracic, and left upper shoulder strain with myofascial pain and left bicipital tendinitis. Treatment and diagnostics to date has included acupuncture, physical therapy, home exercise program, and medications. Recent medications have included Norco, Flexeril, Mobic, and Ibuprofen. After review of progress notes dated 08-13-2015 and 09-10-2015, the injured worker reported neck, upper shoulder, and thoracic region pain. The treating physician noted that an electromyography of the left upper extremity and MRI of the cervical spine was "negative". Objective findings included tenderness along the cervical paraspinal muscles, upper trapezius, levator scapular, and periscapular regions and multiple trigger points along the upper shoulder and periscapular regions. The Utilization Review with a decision date of 09-21-2015 non-certified the request for MRI of thoracic spine.

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 Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic.

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

Decision rationale: As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. There is no documentation of worsening symptoms. A recent neurological exam was normal. Except for generalized pain, there are no findings that warrant an MRI. Patient had reportedly normal Cervical MRI and upper extremity electrodiagnostics. Even requesting provider documents low chance of finding anything significant. MRI of cervical spine is not medically necessary.