

<b>Case Number:</b>	CM15-0196553		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	07/29/2014
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: 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 45 year old male, who sustained an industrial injury on 7-29-2014. Diagnoses include torn subscapularis muscle, right shoulder, with retraction, and tendinitis, right shoulder. Treatments to date include anti-inflammatory and NSAID, and a right shoulder arthrogram on 7-27-15. On 9-2-15, he complained of ongoing pain in the neck, upper back, and right shoulder-arm. The physical examination documented intact sensation to right shoulder and right upper extremity. The treating diagnoses included cervical spine strain, thoracic spine strain, and right shoulder strain. The appeal requested authorization for a thoracic spine MRI. The Utilization Review dated 9-25-15, denied the request.

### 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:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** Per the MTUS ACOEM guidelines neck and upper back chapter, criteria for ordering an MRI of the cervical spine include emergence of a red flag, physiologic evidence of tissue insult or nerve impairment, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. According to the MTUS ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags consist of fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. In this case, the medical records do not establish red flags or neurologic deficits stemming from the thoracic spine to support the requested imaging. The request for MRI of the Thoracic Spine is not medically necessary and appropriate.