

<b>Case Number:</b>	CM15-0222285		
<b>Date Assigned:</b>	11/17/2015	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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 56-year-old female with an industrial injury date of 10-09-2013. Medical record review indicates she is being treated for thoracic strain, right scapular strain and medication induced gastritis. Subjective complaints (10-02-2015) included right arm pain and constant tingling in the thoracic region. Other complaints included pinching and sharp pain around her shoulder blade on the right side. She noted the pain felt better with rest and worse with activities. Current medications include Omeprazole, Ibuprofen and Celebrex. Physical exam (10-02-2015) noted tenderness of the right thoracic spine and pain with rotation. There was tenderness at the scapula with "some prominence of the scapula." Shoulder exam noted a positive impingement sign on the right. Sensory exam with Wartenberg pinprick wheel was adequate in both upper extremities. Work status (10-02-2015) is documented as "may return back to her regular work duties on a trial basis." Prior diagnostics (documented by the provider in the 10-02-2015 note) by the provider are as follows: Thoracic spine x-ray (02-24-2014) revealed slight scoliosis, Thoracic spine MRI without contrast (10-03-2014) revealed an unremarkable thoracic spine MRI. No significant posterior disc pathology, spinal canal or neural foraminal narrowing. On 10-21-2015 the request for MRI of thoracic spine was non-certified by utilization review.

### 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 (ODG) Integrated Treatment/ Disability Duration Guidelines.

**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) Neck and Upper Back (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI).

**Decision rationale:** The current request is for an MRI OF THE THORACIC SPINE. The RFA is dated 10/02/15. Treatment history include left ankle surgery June 2015, right knee meniscal repair 2009, left ankle fracture and fixation 2003 and revision in 2004, trigger point injection, physical therapy, medications, and modified activities. The patient is not working. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, pages 177-178 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG-TWC Guidelines, Neck and Upper Back (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) Section states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per report 10/02/15, the patient presents with constant tingling in the thoracic region, and a sharp pinching pain in the shoulder blade on the right side. Physical examination noted tenderness of the right thoracic spine and pain with rotation. There was tenderness at the scapula, and positive impingement sign on the right. X-rays of the thoracic spine from 02/24/14 revealed slight scoliosis, and MRI of the thoracic spine from 10/03/14 was unremarkable. The treater states "I am requesting authorization to update her thoracic spine MRI scan without contrast as her MRI scan is more than two years ago." In this case, the patient underwent an MRI on 10/03/14 with no change in diagnoses and no indication of progressive neurological deficits. In addition, there is no red flags signs, and no new injury to warrant a repeat MRI study. Therefore, the request IS NOT medically necessary.