

Case Number:	CM15-0224670		
Date Assigned:	11/23/2015	Date of Injury:	05/08/2015
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/16/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 40 year old male who sustained an industrial injury on 5-8-2015. The medical records indicate the injured worker is being treated for neck sprain-strain, shoulder and upper arm sprain-strain, and muscle spasm. Per the treating physician reports dated 9-28-2015 through 10-20-2015 the injured worker reports moderate, intermittent pain in his left shoulder and back and reports it has been about 24 weeks since the onset of the pain. The injured worker reports the pain is made worse by certain body rotation and weight bearing and it is improved with prescription medication and rest. The injured worker states the pain is accompanied by spasms and his pain level is 8 out of 10 and he also has ongoing intermittent numbness and tingling of his bilateral ring and small fingers. The treating physician states on physical exam 10-20-2015 the injured worker still has persistent tenderness over the paraspinal muscles, mostly on the left side and he cannot perform axial rotation beyond 45 degrees to the right. His flexion and extension are limited to about 25-30 degrees in each direction due to pain. The treating physician also reports Spurling's test is positive previously. Also, on physical exam his left shoulder has mild tenderness over the superior, posterior aspects of his shoulder, abduction is limited to 150 degrees by pain, Hawkin's test is equivocal and Neer's test is positive. His range of motion is limited due to pain with torticollis held to the left side. The treating physician recommends a thoracic MRI to help evaluate for possible thoracic outlet syndrome. The injured worker's work status is restricted duty, no lifting greater than 10 pounds, no pushing, pulling greater than 15 pounds, and no overhead or over the shoulder work. The left shoulder MRI arthrogram dated 9-1-15 reports diffuse supraspinatus tendinosis with fraying of bursal fibers and minimal fatty

infiltration of the infraspinatus muscle belly is noted. Also reported is mild AC joint hypertrophy with a curved acromion abutting the cuff and there is trace adjacent subacromial subdeltoid bursal fluid. The left shoulder x-ray report dated 10-5-2015 is normal. The MRI of the cervical spine dated 7-10-2015 reveals loss of normal lordotic curvature of the cervical spine and at C6-7 there is right paracentral focal disc herniation indenting the ventral thecal sac and elevating the posterior longitudinal ligament and mild deforming the spinal cord. The MRI also showed disc herniation is superimposed on a diffuse disc bulge and the combination measures 3mm. Treatment to date for the injured worker includes about 10 sessions of physical therapy (injured worker reports no improvement), chiropractic treatment, and medications including Robaxin, Baclofen, Ibuprofen, Naproxen, and a Medrol dose pack. A request for authorization was submitted on 10-20-2015 for MRI of the thoracic spine without contrast. The UR decision dated 11-2-2015 non-certified 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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Lumbar & Thoracic (Acute & Chronic, MRIs (magnetic resonance imaging).

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 - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging) and Other Medical Treatment Guidelines Chronic Shoulder Pain Evaluation and Diagnosis. Burbank KM, et al; AM Fam Physician. 2008 Feb15;77(4):453-460.

Decision rationale: MTUS and ACOEM recommend MRI, in general, for back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery." ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions." ODG lists criteria for low back and thoracic MRI, indications for imaging: Magnetic resonance imaging: Thoracic spine trauma: with neurological deficit, Lumbar spine trauma: trauma, neurological deficit, Lumbar spine trauma: seat belt (chance) fracture (If focal, radicular findings or other neurologic deficit), Uncomplicated low back pain, suspicion of cancer, infection, other "red flags", Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery; Uncomplicated low back pain, cauda equina syndrome; Myelopathy (neurological deficit related to the spinal cord), traumatic; Myelopathy, painful; Myelopathy, sudden onset; Myelopathy, stepwise progressive; Myelopathy, slowly progressive; Myelopathy, infectious disease patient; Myelopathy, oncology patient. While this IW does have pain lasting greater than one month, there is no documented conservative therapy or progressive neurological deficit. The medical notes provided did not

document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI Thoracic Spine is deemed not medically necessary.