

<b>Case Number:</b>	CM15-0036981		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	09/05/2009
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: District of Columbia, Virginia  
 Certification(s)/Specialty: Internal 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 63-year-old male who sustained an industrial injury to his right shoulder, elbow, wrist and neck when he tripped and fell backwards hitting his head on September 5, 2009. The injured worker was diagnosed with cephalgia, cervicalgia, cervicogenic headaches, thoracalgia, lumbago, right and left shoulder internal derangement. The injured worker underwent right arthroscopic shoulder surgery in April 2012 and a left arthroscopic debridement, subacromial decompression, distal clavicle excision and mini rotator cuff repair on March 6, 2014. According to the primary treating physician's progress report on January 7, 2015, the injured worker continues to experience left shoulder pain with possible re-tear, daily headaches that radiate to the left paracervical and sternocleidomastoid muscle area, dizziness, wrist pain with numbness of the 4th and 5th digits predominantly on the left side, low back pain that radiates to the left groin and left medial leg and neck pain with radiation to the vertex and scapular area on the left side. The injured worker ambulates with a cane due to dizziness. Current medications consist of Imitrex, Norco, Flector Patch, Diclofenac, Omeprazole and Ambien. Treatment modalities consist of a back brace, steroid injections, chiropractic therapy, physical therapy, home exercise program and medication. The injured worker is on temporary total disability (TTD). The treating physician requested authorization for magnetic resonance imaging (MRI) of the thoracic spine. On February 12, 2015 the Utilization Review denied certification for magnetic resonance imaging (MRI) of the thoracic spine. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

## **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI Thoracic Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation neck pain.

**Decision rationale:** Per ODG: Per ODG, MRI indications for neck pain are: Chronic neck pain, after 3 months of conservative treatment, radiographs normal, neurologic signs or symptoms present- neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. Chronic neck pain, radiographs show old trauma. Chronic neck pain, radiographs show bone or disc margin destruction-suspected cervical spine trauma, neck pain, clinical finds suggest ligamentous injury or sprain, radiographs and/or CT is normal known cervical spine trauma or equivocal or positive plain films with neurologic deficit-upper back/thoracic spine trauma with neurologic deficit. Per guidelines cited and from the review of the clinical documentation provided, the patient had persistent symptoms and had radicular signs. MRI testing would be indicated.