

Case Number:	CM15-0052436		
Date Assigned:	03/25/2015	Date of Injury:	08/04/2014
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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: Texas, 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 31 year old female, who sustained an industrial injury on 8/4/14. She reported initial complaint of pain to the left upper back and scapula and over a period of time the pain began to radiate to the neck and left arm. The injured worker was diagnosed as having sprain/strain shoulder and upper arm, left, acute; cervical/lumbar discopathy; cervicalgia. Treatment to date has included physical therapy. Currently, the PR-2 notes dated 1/16/15, the injured worker complains of constant pain in the neck and upper back that is described as sharp and radiates to the upper extremities with numbness and tingling at 7/10. Physical examination of the cervical and thoracic spine revealed tenderness on palpation, muscle spasm, positive Spurling sign and axial loading compression test, limited range of motion, decreased sensation with numbness and tingling in forearm and hand, 4/5 strength and asymmetrical triceps reflexes. The pain is associated with headaches (migraine in nature) with tension between the shoulder blades, especially constant pain in the left shoulder and arm. The provider's treatment plan of 1/16/15 included physical therapy, EMG/NCV bilateral upper extremities and a MRI of the cervical, left shoulder and thoracic spine MRI. The patient has had X-ray of the cervical spine that revealed spondylosis and X-ray of the thoracic spine that was normal. The current medication list was not specified in the records provided.

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 ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar and Thoracic (Acute and Chronic) (updated 03/03/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Request: MRI of the thoracic spine. Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." Severe or progressive neurological deficits that are attributable to thoracic spine pathology are not specified in the records provided. The findings suggestive of tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Previous PT notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A plan for an invasive procedure of the cervical spine was not specified in the records provided. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of the request for MRI of the thoracic Spine is not fully established for this patient.