MAXIMUS Federal Services

Case Number:	CM15-0086368		
Date Assigned:	05/08/2015	Date of Injury:	07/29/2014
Decision Date:	06/19/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/05/2015

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: Preventive Medicine, Occupational 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 44 year old male who reported an industrial injury on 7/29/2014. His diagnoses, and/or impressions, are noted to include: cervical spine strain; thoracic spine strain; right shoulder strain; and cervical/thoracic/lumbar spine disc bulging. Recent magnetic imaging studies were stated to have been done in 9/2014. Recent x-rays were stated to have been done on 10/27/2014; which noted mild degenerative changes to the right shoulder, mild degenerative changes with mild spondylosis to the cervical spine, and normal findings in the thoracic spine. His treatments have included physio-therapies; toxicology screenings; rest from work; and medication management. The history notes authorization for surgery to the right shoulder as well as a pending re-authorization for right shoulder surgery. Progress notes of 4/8/2015 reported pain to the neck, upper back and right shoulder/arm; and problems with erection. Objective findings were noted to include that the light touch sensations were intact to the right lateral shoulder, right thumb tip, right long tip, right small tip. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the thoracic spine, cervical spine and right shoulder. Also noted was that right shoulder surgery was authorized and that the injured worker would follow-up on 4/14/2015; that a "FEL" was done; and that he remained off work. The progress notes of 4/14/2015 state complaints of pain and weakness, with limited range-of-motion, to the right shoulder. The objective findings included positive impingement sign with weakness of the rotator cuff, sub-scapularis, supra-spinatus and infra- spinatus with limited range-of-motion. The impressions included torn sub-scapularis muscle, right shoulder, with retraction, right shoulder;

tendinitis, right shoulder; and deterioration of the right shoulder with a secondary issue of impingement syndrome for which magnetic resonance imaging studies and a magnetic resonance arthrogram were strongly recommended.

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 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: MTUS Guidelines do not directly address the thoracic spine, but the same principles that apply to the low back would apply to the mid back. Guidelines do not support spinal MRI studies unless there are signs of neurological compromise and/or the MRI is necessary for procedural planning. These qualifying conditions are not present. There are no documented neurological problems associated with the thoracic spine and not procedures are planned. There are no unusual circumstances to justify an exception to Guidelines. The Thoracic MRI is not medically necessary.