

<b>Case Number:</b>	CM15-0230567		
<b>Date Assigned:</b>	12/04/2015	<b>Date of Injury:</b>	09/22/2015
<b>Decision Date:</b>	01/21/2016	<b>UR Denial Date:</b>	11/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2015

### 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 24 year old female with a date of injury on 09-22-2015. The injured worker is undergoing treatment for cervical spine strain, thoracic spine strain, and lumbar spine strain. A physician progress note dated 10-05-2015 documents she has neck pain and it is severe and constant. Neck motion is restricted. There is tenderness to the thoracolumbar spine and paravertebral musculature. There is no restricted range of motion. It is documented she had a miscarriage. Etodolac ER and Cyclobenzaprine were dispensed. On 10-05-2015 documents the injured worker's injury is the same. She had an increase in pain yesterday and was seen and given an injection for pain. She had continued pain today and was then instructed to come here. She has pain in her mid-back that she describes as dull, tingling and burning and it is constant. She describes her neck pain as constant and it is sharp. There is no radiation of pain to her upper extremities. A physician progress note dated 11-03-2015 documents the injured worker has complaints of neck, upper and lower back pain, and headaches. The injured worker had to go to the Emergency Department about 10 days prior due to a panic attack. She had never had a panic attack before. The pain is constant with any activities. It is documented "physical therapy is not helping". There is light sensation to the left shoulder, left thumb, long and small fingers intact. Neurologically there is midback decrease range of motion with slight pain. She continues to work. Treatment to date has included diagnostic studies-x rays, medications, massage, hot packs, physiotherapy and physical therapy and home exercises, and 12 chiropractic visits. Current medications include Meloxicam, Flexeril, Protonix and topical medications. The Request for Authorization dated 11-03-2015 includes Electromyography of upper and lower extremities and

Magnetic Resonance Imaging of the cervical, thoracic and lumbar spine, and chiropractic sessions and pain medicine follow up. On 11-19-2015 Utilization Review non-certified the request for an Magnetic Resonance Imaging of the cervical spine and Magnetic Resonance Imaging of the thoracic spine.

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

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

**MRI Cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**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 and chronic) Chapter, under Magnetic Resonance Imaging.

**Decision rationale:** The patient was injured on 09/22/15 and presents with pain in her neck, upper back, and lower back. The request is for a MRI of the cervical spine. The RFA is dated 11/03/15 and the patient's current work status is not provided. Review of the reports provided does not indicate if the patient had a prior MRI of the cervical spine. Regarding MRI, the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 8, Neck and Upper Back, pages 177-178 under "Special Studies and Diagnostic and Treatment Considerations" states: Neck and upper back complaints, under special studies and diagnostic and treatment considerations: Physiologic evidence of tissue insult or neurologic dysfunction. It defines physiologic evidence as a form of "definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans." ACOEM further states that "unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient imaging to warrant imaging studies if symptoms persist." ODG Guidelines, Neck and Upper Back (acute and chronic) Chapter, under Magnetic Resonance Imaging states: Not recommended except for indications listed below. Indications for imaging MRI: Chronic neck pain (equals after 3 months of conservative treatment), radiographs are normal, neurologic signs or symptoms present. Neck pain with radiculopathy of severe or progressive neurologic deficit. The patient has a limited cervical spine range of motion and trigger points palpated cervical paraspinal muscles. She is diagnosed with cervical spine strain, thoracic spine strain, and lumbar spine strain. Treatment to date includes diagnostic studies-x rays, medications, massage, hot packs, physiotherapy and physical therapy and home exercises, and 12 chiropractic visits. The reason for the request is not provided. In this case, the patient does not present with any neurologic signs or symptoms as indicated by guidelines. Due to lack of documentation of radiation of symptoms, the requested MRI of the cervical spine is not medically necessary.

**MRI Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ODG, Neck and Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar and Thoracic Chapter, under MRIs.

**Decision rationale:** The patient was injured on 09/22/15 and presents with pain in her neck, upper back, and lower back. The request is for a MRI of the thoracic spine. The utilization review denial letter did not provide a rationale. The RFA is dated 11/03/15 and the patient's current work status is not provided. Review of the reports provided does not indicate if the patient had a prior MRI of the cervical spine. ODG Guidelines, Low Back- Lumbar and Thoracic Chapter, under MRIs states that MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The patient has tenderness to the thoracolumbar spine and paravertebral musculature. She is diagnosed with cervical spine strain, thoracic spine strain, and lumbar spine strain. Treatment to date includes diagnostic studies-x rays, medications, massage, hot packs, physiotherapy and physical therapy and home exercises, and 12 chiropractic visits. The reason for the request is not provided. In this case, the patient does not present with any neurologic signs or symptoms as indicated by guidelines. Due to lack of documentation of radiation of symptoms, the requested MRI of the thoracic spine is not medically necessary.