

Case Number:	CM14-0127993		
Date Assigned:	08/15/2014	Date of Injury:	11/17/2011
Decision Date:	10/23/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a female with date of injury 11/17/2011. Per primary treating physician's progress report dated 7/23/2014, the injured worker complains of headaches, neck pain, bilateral shoulder pain (left greater than right), mid back pain, numbness and tingling extending down her left arm and into her fingers, pain that radiates into the left pectoralis muscle, and thoracic lumbar pain, which is predominately right side. No physical exam findings are reported. Diagnoses include 1) cervical cephalgia 2) left sided cervical intervertebral disc syndrome 3) left sided cervical C5-C6 HNP with foraminal stenosis 4) left ulnar nerve neuritis 5) left carpal tunnel syndrome 6) infraspinatus and supraspinatus tendon tear with retraction 7) long head bicep tendinosis 8) thoracal lumbar strain/sprain 9) status post left shoulder arthroscopic debridement 2/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies are also not met, such as emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The requesting provider explains that the injured worker continues with loss of motion and radiating pain around the right side of the thoracal lumbar region. The requesting provider reports that it was anticipated the injured worker would improve with time, but no treatment history is provided. Clinic visit dated 3/26/2014 addressed possible cervical spine surgery without mention of the thoracic spine. Medical necessity for this request has not been established. The request for MRI THORACIC SPINE is determined to not be medically necessary.