

<b>Case Number:</b>	CM14-0089411		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/21/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 29-year-old female was reportedly injured on 7/21/2013. The mechanism of injury was noted as lifting cases of beer in a cooler. The most recent progress notes, dated 1/6/2014 and 4/21/2014, were handwritten and indicated that there were ongoing complaints of neck and mid back pains as well as winging right scapular. Physical examination demonstrated decreased cervical range of motion with left lateral flexion and rotation, right C4-T6 rhomboid spasms, winging right scapula, left compression equal to right neck pain, DTR generator intact and "remaining systems in comprehensive exam were negative." No recent diagnostic imaging studies available for review. Previous treatment included physical therapy, chiropractic treatment, HEP and medications. A request had been made for thoracic and cervical MRI without contrast, which were not certified in the utilization review on 5/30/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thoracic MRI without contrast:** 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, Low Back - Lumbar & Thoracic (Acute & chronic), (updated 05/12/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Electronically Cited.

**Decision rationale:** MTUS/ACOEM practice guidelines support an MRI of the cervical and/or thoracic spine in certain patients with acute and sub-acute red flag conditions, radicular pain syndromes lasting 4 to 6 weeks that are not improving with conservative treatment; however, a MRI is not recommended for evaluation of patients with non-specific cervical or thoracic pain, unless there is a concern of neoplasm, infection or other neurological illnesses. The claimant complains of neck and mid back pain after a work-related injury in July 2013. Review of the available medical records fail to document any criteria that would require a MRI of the spine. In addition, the claimant reported improvement in her pain and range of motion with physical therapy. As such, this request is not considered medically necessary.

**Cervical MRI without contrast:** 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, Neck & Upper Back (updated 04/14/14)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Electronically Cited.

**Decision rationale:** MTUS/ACOEM practice guidelines support an MRI of the cervical and/or thoracic spine in certain patients with acute and subacute red flag conditions, radicular pain syndromes lasting 4 to 6 weeks that are not improving with conservative treatment; however, a MRI is not recommended for evaluation of patients with nonspecific cervical or thoracic pain, unless there is a concern of neoplasm, infection or other neurological illnesses. The claimant complains of neck and mid back pain after a work-related injury in July 2013. Review of the available medical records fail to document any criteria that would require a, MRI of the spine. In addition, the claimant reported improvement in the pain and range of motion with physical therapy. As such, this request is not considered medically necessary.