MAXIMUS Federal Services

Case Number:	CM14-0213869		
Date Assigned:	01/23/2015	Date of Injury:	11/16/2012
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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 patient is a 49 year old female with an injury date on 11/16/12. The patient complains of cervical pain and bilateral shoulder region pain per 11/12/14 report. The cervical pain is radiating into the right-sided thoracic region, associated with interscapular pain per 11/12/14 report. The thoracic region pain is worse on the right side per 11/12/14 report. The patient states that repetitive activity exacerbates her pain per 11/12/14 report. The patient also complains of right arm pain/numbness which has now moved into the left-side of the arms as well per 10/10/14 report. Based on the 11/12/14 progress report provided by the treating physician, the diagnoses are: 1. right shoulder rotator cuff tendinitis 2. bilateral shoulder adhesive capsuilitis 3. cervical degenerative disc disease 4. possibility of cervical radiculopathy5. myofascial pain. A physical exam on 10/10/14 showed “C-spine range of motion is limited. Full range of motion of the shoulders but with pain. Tenderness noted in the thoracic facet joints. Spasms noted in the thoracic paraspinal muscles. Dysesthesia noted in paraspinal muscles." The patient’s treatment history includes medications, C-spine MRI, X-ray for right shoulder. The treating physician is requesting MRI of the thoracic spine. The utilization review determination being challenged is dated 12/3/14. The requesting physician provided treatment reports from 5/21/14 to 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the throacic 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 & Throacic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation neck and upper back chapter, MRI

Decision rationale: This patient presents with neck pain, bilateral shoulder pain, right-sided thoracic pain. The treater has asked for MRI OF THE THORACIC SPINE on 11/12/14. The patient had a prior cervical MRI that shows "moderate to moderate severe right neural foraminal encroachment, greatest at C5-6 and to a lesser degree at C6-7 level. Possible right sided T2-3 foraminal encroachment" per11/12/14 report. The original C-spine MRI was not included in the documentation. Review of the reports do not show any evidence of thoracic MRIs being done in the past. ACOEM guidelines state: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." ODG under neck and upper back chapter, recommends MRI if neurologic signs and symptoms are present. In this case, the patient does complain of right sided thoracic pain but there is no evidence of neurologic signs or symptoms to warrant an MRI. Examination was unremarkable. There is no suspicion of red flags such as fracture, infection, tumor or myelopathy to consider an MRI either. The request IS NOT medically necessary.