

<b>Case Number:</b>	CM14-0218764		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	09/15/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: Florida

Certification(s)/Specialty: Family Practice

### 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 26 year old male, who sustained an industrial injury on September 15, 2014. He has reported sudden onset of sharp midback pain. The diagnoses have included thoracic sprain/strain, cervical disc disorder, and brachial neuritis or radiculitis. Treatment to date has included x-rays of the cervical spine and left shoulder, sling as needed, rest, ice, work modifications, physical therapy, and pain, non-steroidal anti-inflammatory, and muscle relaxant medications. On November 15, 2014, the treating physician noted pain of the midback, neck, and left shoulder, and left arm tingling and weakness. Medication does not help. The neck, shoulder, and arm pain levels are 9/10. The rib pain is 2/10. The physical exam revealed decreased thoracic range of motion to 50%, decreased cervical range of motion to 60%, positive cervical 6-7 radiculopathy, decreased shoulder range of motion to 50%, pain of the scapular muscles, and weakness of the left biceps, triceps, and shoulder rotators. The left upper extremity deep tendon reflexes were decreased and there was sensory loss of cervical 6-7. The treatment plan included chiropractic with light force methods, adjunctive physical therapy, and range of motion exercises. In addition, the plan included immediate MRIs of the cervical and thoracic spines, and EMG/NCV (electromyography/nerve conduction velocity) to rule out disc vs compressive radiculopathy. On December 1, 2014, Utilization Review non-certified a request for a MRI of the cervical spine and MRI of the thoracic spine, noting the patient's symptoms were highly suggestive of a cervical or upper thoracic radiculopathy. The California Medical Treatment Utilization Schedule (MTUS), ACOEM (American College of Occupational and Environmental Medicine) Guidelines and the Official Disability Guidelines (ODG) were cited.

## **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:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar & Thoracic (Acute & Chronic) Section, MRIs Subsection

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ACEOM Low Back Complaints, referenced by CA MTUS guidelines. Page(s): 301-315.

**Decision rationale:** MTUS guidelines do support specialized imaging studies to further evaluate neurologic deficits. This patient is noted to have weakness of the left biceps, triceps, and rotator cuff muscles with cervical radiculopathy in a C6-C7 distribution, following a traumatic injury sustained in September of 2014. He has failed conservative treatment measures. Utilization review apparently did not certify a request for an MRI of the Thoracic spine (although a copy of the utilization review physician's report to know his reasoning was not included in the provided documentation.) It also appears that an MRI of the Cervical spine was requested, and it is not known at this time if that request was granted. This review was requested solely to determine the medical necessity of an MRI of the Thoracic spine alone. Upper thoracic spine pathology can affect the upper extremities. An MRI to further evaluate this patient's complaints is considered reasonable and medically necessary.