

Case Number:	CM14-0096987		
Date Assigned:	07/28/2014	Date of Injury:	03/13/2014
Decision Date:	08/18/2015	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/25/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 58 year old female who sustained an industrial injury on 03/13/2014. Mechanism of injury occurred when she fell, injuring her anterior chest wall and head. She was mopping and items on the table began to fall, and she leaned over and hit her chest on the back of a chair and then fell backwards and hit her head on the floor. She did not lose consciousness. Diagnoses include contusion of the right chest wall and ribs, neck strain and sprain, thoracic back strain and sprain, cervical spondylosis, degenerative cervical disc disease, degenerative lumbar disc disease, lumbosacral spondylosis and lumbosacral strain and sprain. Treatment to date has included diagnostic studies, medications, chiropractic sessions, physical therapy and a home exercise program. She takes Relafen twice a day with food. She is working light duty. A physician progress note dated 05/30/2014 documents the injured worker's pain in her neck and back were worse and more painful. Pain is increased with walking. If she makes a fist she has electrical shocks to the upper arms and she has radicular symptoms to the upper extremities without making a fist. On examination there is decreased lumbar range of motion with pain. Her neck has slightly decreased range of motion and pain. There is tenderness to palpation over the mid to lower sternum. She has positive straight leg raise causing radicular pain to the lower extremities. The treatment plan includes modified duty restrictions, a follow appointment in 2 weeks, ice treatments at least 4 times a day to the painful areas, chiropractic sessions, and if Magnetic Resonance Imaging's are abnormal further evaluations and recommendations will be needed. Treatment requested is for MRI of cervical spine, and MRI of thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Low back -Lumbar and Thoracic.

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

Decision rationale: This 58 year old female has complained of chest wall pain, neck pain and upper back pain since date of injury 3/13/14. She has been treated with physical therapy, chiropractic therapy and medications. The current request is for MRI of the thoracic spine. The available medical records do not document any objective evidence of neurologic dysfunction or any discussion of pending surgical or interventional procedures which would necessitate obtaining an MRI of the thoracic spine at this time. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms or objective neurologic findings is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. On the basis of the MTUS guidelines cited above, MRI of the thoracic spine is not indicated as medically necessary.

MRI of Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck and Upper Back.

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

Decision rationale: This 58 year old female has complained of chest wall pain, neck pain and upper back pain since date of injury 3/13/14. She has been treated with physical therapy, chiropractic therapy and medications. The current request is for MRI of the cervical spine. The available medical records do not document any objective evidence of neurologic dysfunction or any discussion of pending surgical or interventional procedures which would necessitate obtaining an MRI of the cervical spine at this time. Per the MTUS guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms or objective neurologic findings is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. On the basis of the MTUS guidelines cited above, MRI of the cervical spine is not indicated as medically necessary.

