

<b>Case Number:</b>	CM15-0117058		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Texas, California  
 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:

This is a 45 year old female patient who sustained an industrial injury to the right upper extremity on 6/4/12. Current diagnoses included paresthesia of upper limb, upper limb reflex sympathetic dystrophy, allodynia, cervical spine radiculitis and thoracic spine pain. Per the PR-2 dated 5/28/15, she had complaints of ongoing right arm and elbow pain rated 9/10 on the visual analog scale. She also complained of new pain that traveled into her head, neck and upper back. Physical examination revealed tenderness to palpation to the right arm, elbow and shoulder area with decreased right upper extremity range of motion due to pain, right upper extremity numbness, weakness and sudomotor changes, radicular pain to the cervical spine, tenderness to palpation to bilateral cervical spine facets, positive bilateral facet loading, positive left Spurling's and limited neck range of motion. The medications list includes norco, fioricet, cymbalta, misoprostol, nabumetone, omeprazole and lyrica. Previous treatment included physical therapy, chiropractic therapy, acupuncture, spinal cord stimulator trial, massage and medications. The treatment plan included cervical and thoracic magnetic resonance imaging at C5-T4 and dispensing Medrox patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of the cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Neck & Upper Back, Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** Magnetic resonance imaging (MRI) of the cervical spine. Per the ACOEM chapter 8 guidelines "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." The ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, Not recommended: Imaging before 4 to 6 weeks in absence of red flags." Per the records provided patient has new pain that traveled into her head, neck and upper back. She has significant objective findings on the physical examination-tenderness to palpation to the right arm, elbow and shoulder area with decreased right upper extremity range of motion due to pain, right upper extremity numbness, weakness and sudomotor changes, radicular pain to the cervical spine, tenderness to palpation to bilateral cervical spine facets, positive bilateral facet loading, positive left Spurling's and limited neck range of motion. She has tried conservative therapy including physical therapy, chiropractic therapy, acupuncture, spinal cord stimulator trial, massage and medications. It is medically appropriate to perform cervical MRI to diagnose or rule out neurocompression in this patient. The request of Magnetic resonance imaging (MRI) of the cervical spine is medically appropriate and necessary for this patient.

**Magnetic resonance imaging (MRI) of the thoracic spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, Neck & Upper Back, Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter: Neck & Upper Back (updated 06/25/15) Magnetic resonance imaging (MRI).

**Decision rationale:** Magnetic resonance imaging (MRI) of the thoracic spine. Per the ACOEM chapter 8 guidelines "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." In addition per the cited guidelines indication for thoracic MRI

includes "Upper back/thoracic spine trauma with neurological deficit." Per the records provided patient has new pain that traveled into her head, neck and upper back. She has significant objective findings on the physical examination-tenderness to palpation to the right arm, elbow and shoulder area with decreased right upper extremity range of motion due to pain, right upper extremity numbness, weakness and sudomotor changes, radicular pain to the cervical spine, tenderness to palpation to bilateral cervical spine facets, positive bilateral facet loading, positive left Spurling's and limited neck range of motion. She has tried conservative therapy including physical therapy, chiropractic therapy, acupuncture, spinal cord stimulator trial, massage and medications. It is medically appropriate to perform thoracic MRI to diagnose or rule out neurocompression in this patient. The request of Magnetic resonance imaging (MRI) of the thoracic spine is medically appropriate and necessary for this patient.