

Case Number:	CM15-0118204		
Date Assigned:	06/26/2015	Date of Injury:	07/29/2014
Decision Date:	07/28/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/18/2015

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: North Carolina
 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 (IW) is a 44-year-old male who sustained an industrial injury on 07/29/2014 due to a fall. Diagnoses include cervical spine, thoracic spine and right shoulder strain. Treatment to date has included medications. X-ray of the right shoulder on 12/22/14 showed mild degenerative acromioclavicular changes without fractures. Thoracic MRI on that date was normal. Cervical MRI on that same date found mild degenerative changes, mild spondylosis and noted C6 and C7 were not visualized. According to the progress notes dated 5/13/15, the IW reported neck, upper back and right shoulder pain. On examination, light touch sensation to the right lateral shoulder was diminished; sensation to the right index and right small fingertips was intact, as well as to the right thumb web. A request was made for MRI of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (thoracic spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

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

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunction-Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. Previous thoracic MRI was normal. There is no planned invasive procedure. Therefore, criteria have not been met for a MRI of the thoracic spine and the request is not medically necessary.