

<b>Case Number:</b>	CM15-0167781		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	02/15/2015
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 44 year old female with a February 15, 2015 date of injury. A progress note dated July 10, 2015 documents subjective complaints (moderate neck pain; moderate back pain; moderate bilateral shoulder pain; moderate bilateral wrist and hand pain; sleep problems; anxiety; depression), objective findings (tenderness to palpation of the cervical, thoracic, and lumbar spine; tenderness to palpation of the bilateral shoulders; tenderness to palpation of the bilateral wrists and hands; positive shoulder depression bilaterally; positive Kemp's and Milgram's tests; positive straight leg raising test bilaterally; positive Hawkins on the right; positive Tinel's, Phalen's and Finkelstein's bilaterally; decreased and painful range of motion of the cervical, thoracic, and lumbar spine; decreased and painful range of motion of the shoulder and wrist), and current diagnoses (cervical myofascitis; cervical facet induced versus discogenic pain; thoracic sprain and strain; thoracic myofascitis; thoracic facet induced versus discogenic pain; lumbar sprain and strain; lumbar myofascitis; lumbar facet induced versus discogenic pain; shoulder sprain and strain; bilateral shoulder tenosynovitis-bursitis; right shoulder impingement syndrome; rule out right shoulder rotator cuff tear; bilateral wrist sprain and strain; rule out bilateral carpal tunnel syndrome; rule out triangular fibrocartilage complex on the left). Treatments to date have included imaging studies, physical therapy for the right shoulder and back, and medications. The treating physician documented a plan of care that included magnetic resonance imaging of the cervical, thoracic, and lumbar 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 Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, MRI.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, and Low Back Complaints 2004, Section(s): Special Studies, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** The injured worker sustained a work related injury on February 15, 2015. The injured worker has been diagnosis cervical myofascitis; cervical facet induced versus discogenic pain; thoracic sprain and strain; thoracic myofascitis; thoracic facet induced versus discogenic pain; lumbar sprain and strain; lumbar myofascitis; lumbar facet induced versus discogenic pain; shoulder sprain and strain; bilateral shoulder tenosynovitis-bursitis; right shoulder impingement syndrome; rule out right shoulder rotator cuff tear; bilateral wrist sprain and strain; rule out bilateral carpal tunnel syndrome; rule out triangular fibrocartilage complex on the left). Treatments to date have included physical therapy for the right shoulder and back, and medications. The medical records provided for review do not indicate a medical necessity for: MRI - Spine (Lumbar/Cervical/Thoracic). The MTUS states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. However, the medical record on the day of request did not include a documentation of neurological findings. The MTUS recommends that diagnostic studies should be ordered in this context of the of findings from thorough history and physicals, and not simply for screening purposes. Therefore, it is not medically necessary to do an MRI of the spine in this injured worker without knowledge of the neurological findings.