

Case Number:	CM15-0079967		
Date Assigned:	04/30/2015	Date of Injury:	01/30/2014
Decision Date:	07/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 25 year old female who sustained an industrial injury on 01/30/2014. Mechanism of injury was cumulative. Diagnoses include thoracic musculoligamentous injury, thoracic sprain and strain, right acromioclavicular joint sprain and strain, right shoulder sprain/strain, right wrist sprain/strain, left and right triangular fibrocartilage tear, left wrist sprain/strain, left wrist tenosynovitis, status post-surgery of the left wrist, costochondritis, and acute stress disorder. Treatment to date has included diagnostic studies, medications, acupuncture, physical therapy, cortisone injections, and use of a Transcutaneous Electrical Nerve Stimulation unit and cold and heat therapy. Medications include topical medications. A physician progress note dated 03/31/2015 documents the injured worker complains of constant moderate sharp, stabbing upper/mild back pain, stiffness heaviness and weakness which is rated 7 out of 10. She complains of right wrist pain which she rates as 6 out of 10 with is sharp and there is stiffness. Her left wrist pain is rated 4 out of 10. He also has constant moderated sharp right hand pain and stiffness. She suffers from anxiety and irritability. On examination thoracic range of motion is normal and there is tenderness top palpation of the right trapezius and thoracic paravertebral muscles. There is tenderness to palpation of the acromioclavicular joint and posterior shoulder. Cross Arm Test is positive and Lift off test causes pain. Her right wrist is tender to palpation of the dorsal wrist and Carpal Compression causes pain and Grind Test is positive. Her left wrist has tenderness to palpation of the dorsal wrist and volar wrist. Carpal compression causes pain and Grind test is positive. The treatment plan includes continuation of use of the Transcutaneous Electrical Nerve Stimulation unit, cold and heat therapy, referral to an

orthopedic surgeon for consultation for the left and with wrist, Magnetic Resonance Imaging of the right shoulder and right hand, acupuncture, ESWT and physiotherapy. Treatment requested is for a Magnetic Resonance Imaging 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 for thoracic spine: Upheld

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, Lumbar & Thoracic - Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the thoracic spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's relevant working diagnoses are thoracic musculoligamentous injury; thoracic sprain strain; etc. (see diagnoses on page 9 of 173). The date of injury is January 30, 2014. According to a progress note dated March 31, 2015(request for authorization is dated April 8, 2015), subjectively the injured worker complains of ongoing thoracic pain 7/10. Additional complaints include the wrist, right shoulder and bilateral hands. Objectively, range of motion at the thoracic spine is normal. There is tenderness palpation at the paraspinal muscle groups. There are no plain radiographs of the thoracic spine in the medical record. The treatment plan included, in addition to the MRI thoracic spine, plain radiographs of the thoracic spine. There is no neurologic evaluation in the medical record progress note. There are no unequivocal objective findings and identify specific nerve compromise on the neurologic evaluation. There are no red flags noted in the medical record. Consequently, absent clinical documentation with unequivocal objective findings and identify specific nerve compromise on neurologic evaluation, red flags, plain radiographs of the thoracic spine and a detailed neurologic examination, MRI of the thoracic spine is not medically necessary.