

Case Number:	CM15-0092541		
Date Assigned:	05/18/2015	Date of Injury:	03/08/2013
Decision Date:	06/26/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/13/2015

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
 Certification(s)/Specialty: Emergency 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 54 year old female, who sustained an industrial injury on March 8, 2013. She reported a loss of consciousness after being struck on the right side of her head and shoulder. The injured worker was diagnosed as having lumbar disc herniations with neural foraminal narrowing, cervical and lumbar facet arthropathy, and cervical disc herniations with neural foraminal narrowing. Diagnostic studies to date have included x-rays and MRIs. Treatment to date has included activity modifications, physical therapy, cervical epidural steroid injections, and non-steroidal anti-inflammatory medications. On December 27, 2014, the injured worker was involved in a motor vehicle accident, which resulted in pain of the right shoulder, right ribcage, right elbow, left hip and right neck. On April 27, 2015, the injured worker complains of aching and burning neck and left upper extremity pain, which is rated 9/10. The pain radiates down the left scapular region and left shoulder down her left arm into the first, second, and fifth digits of her hand. She has numbness of the first, second, and fifth digits of her hand and left upper extremity weakness. She complains of sharp left-sided low back pain and frequent incontinence of her bowels and bladder. She reports that she did not have these symptoms prior to being involved in the motor vehicle accident. Her back pain is rated 7/10. Her pain can increase to 10/10 with twisting or walking on uneven surfaces. Associated symptoms include radiating pain, numbness, and tingling in her left lower extremity to the ankle. The physical exam revealed a normal gait, normal heel and toe walk, and decreased range of motion of the cervical, thoracic, and lumbar spines. There was normal sensation of the lower extremities, decreased sensation over the left cervical 5 dermatome, no groin numbness, decreased motor

strength in the bilateral upper and lower extremities, and normal reflexes in the bilateral upper and lower extremities. The treatment plan includes an 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:

Thoracic spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Evaluations and Consultations, page 503. Official Disability Guidelines, Treatment Index, 13th Edition (web), 2015, Low Back, MRIs; Neck and Upper Back, Magnetic Resonance Imaging (MRIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

Decision rationale: The patient sustained an injury in March of 2013. She has been diagnosed with degenerative disk disease of the cervical and lumbar spine. She has undergone an MRI of the cervical and lumbar spines. MRI of the cervical spine repeated 4-9-2014 shows C4/5 facet degeneration with left neuroforaminal stenosis, impingement upon exiting C5 nerve root. Evaluation of lumbar spine MRI 6-11-2013 shows left L4/5 herniated nucleus pulposus with extruded fragment and left nerve root impingement. The patient underwent plain x-rays of the thoracic spine which showed diffuse degeneration, no instability/deformity, no fractures, normal thoracic kyphosis, There is no new focal neurologic deficit seen in the distribution of the thoracic spine with no x-ray findings revealing either a fracture or evidence of instability. There is insufficient documentation revealing the reasoning for the study, physical exam findings which would indicate a "red flag" in regards to the thoracic spine, or the potential alteration in treatment plan based on the results. The request is not medically necessary.