

Case Number:	CM14-0146370		
Date Assigned:	09/12/2014	Date of Injury:	04/07/2014
Decision Date:	10/20/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Emergency Medicine and Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old female who reported an injury on 04/07/2014 due to unspecified cause of injury. The injured worker complained of upper back pain that radiated around the shoulder blade area. The diagnoses included cervical and thoracic spine strain, cervical radiculopathy, left shoulder girdle strain, cervical disc protrusion at C5-7, and thoracic disc protrusion at T6-8. The MRI, dated 08/20/2014, revealed protrusion at T6-8. The objective findings of the thoracic spine, dated 08/20/2014, revealed tenderness to palpation in the upper, mid and lower paravertebral muscles and mild limitation with motion. Examination of the left shoulder girdle revealed parascapular and trapezius tenderness with no winging, no tenderness and negative Tinel's sign over the brachial plexus and thoracic outlet. Prior treatment included 12 sessions of physical therapy, medication. No medication was provided. No VAS results were provided. The treatment plan included MRI of the thoracic spine. The Request for Authorization, dated 09/12/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 08/04/14; Magnetic resonance imaging (MRI))

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for MRI Thoracic spine is not medically necessary. The California MTUS/ACOEM indicate that if physiological evidence indicates tissue insult or nerve impingement, consider a discussion with a consult regarding next steps, including the selection of an imaging test to identify the potential cause. Additional studies may be required to further define problem areas. Recent evidence indicates cervical disc annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, and it may not correlate temporally or anatomically with symptoms. The criteria for the MRI should emergence of a red flag, physiological evidence of tissue insult or neurological deficits, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The documentation indicated that the injured worker benefited from the physical therapy and there was also a request for additional physical therapy. The physical findings did not warrant the need for MRI. The criteria for the MRI were not met. As such, the request is not medically necessary.