

Case Number:	CM16-0236969		
Date Assigned:	12/13/2016	Date of Injury:	10/14/2016
Decision Date:	01/11/2017	UR Denial Date:	11/16/2016
Priority:	Standard	Application Received:	12/09/2016

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 is a 26 year old male with a date of injury on 10-14-2016. The injured worker is undergoing treatment for strain of the muscles, fascia and tendon of the right shoulder-upper arm, right strain of muscle fascia and tendons of the neck, and right strain of muscle and tendons of the wall of the thoracic spine and right ulna fracture. A physician progress note dated 11-08-2016 documents the injured worker complains of cervical pain, thoracic pain and right wrist pain rated at 5 out of 10 on the pain scale. He has completed 5 of 6 chiropractic sessions. It is documented he has had no improvement. He has neck muscle tenderness and spasms in the neck muscles. Cervical range of motion is restricted. There are spasms and tenderness along the paracervical sternocleidomastoid, and trapezius muscles. He has restricted cervical range of motion. There is no weakness in the upper extremities. He has spasms of the thoracolumbar spine and paravertebral musculature, with moderate spasms. There is tenderness to the thoracolumbar spine and paravertebral musculature. There is no restricted range of motion of the lumbar spine. Sensation is intact in the lower extremities. The injured worker is working modified duties. Treatment to date has included diagnostic studies, medications, right hand and forearm splint, and chiropractic sessions. Current medications include ophenadrine, ketoprofen. It is documented the injured worker had x-rays done on 10-14-2016 of the lumbar spine showed no fractures, or subluxations. Cervical spine x rays showed no fractures or subluxation. The Request for Authorization dated 11-08-2016 includes MRI of the cervical and thoracic spine. On 11-16-2016, Utilization Review non-certified the request for an MRI of the cervical and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical and thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Other criteria for special studies include the emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, there is no diagnosis of tissue insult, nerve impairment, or other red flags that would warrant a cervical or thoracic MRI at this time. Additionally, this is a new injury and there is no documentation of a trial and failure with all available methods of conservative therapy. Medical necessity has not been established. The request for MRI of the cervical and thoracic spine is determined to not be medically necessary.