

<b>Case Number:</b>	CM17-0016204		
<b>Date Assigned:</b>	01/30/2017	<b>Date of Injury:</b>	10/27/2016
<b>Decision Date:</b>	02/23/2017	<b>UR Denial Date:</b>	01/03/2017
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2017

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 37 year old female, who sustained an industrial injury on 10-27-16. Medical records indicate that the injured worker is undergoing treatment for cervicalgia, dorsalgia and thoracic spine sprain. The injured worker is working with restrictions. On (11-28-16) the injured worker was evaluated for thoracic and cervical spine pain which were noted to be unchanged. Thoracic spine examination revealed tenderness to palpation over the entire area. Range of motion was restricted in all directions. Myospasm were present and strength was 5 out of 5. Sensation was intact in the bilateral lower extremities. Objective findings related to the cervical spine were not noted. The injured workers medications improve the pain. Treatment and evaluation to date has included medications and physical therapy. Current medications include Naproxen DR and Flexeril. The Request for Authorization dated 12-23-16 included requests for a MRI of the thoracic spine and a MRI of the cervical spine. The Utilization Review documentation dated 1-3-17 non-certified the requests for a MRI of the thoracic spine and a MRI of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Cervical Spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation ODG guidelines, Neck and Upper back, MRI.

**Decision rationale:** The patient presents with pain affecting the cervical and thoracic spine. The current request is for an MRI of the cervical spine. There is no RFA in the medical records provided. The UR report dated 1-3-17 denied the requested medical treatment based on the lack of documentation of neurological deficits. The treating physician report dated 12-23-16 (27b) states, "imaging: x-ray: thoracic spine complete. Imaging, x-ray: cervical spine." The patient states she has decreased strength and radiculopathy symptoms down her arm. There is no discussion of a cervical spine MRI in the medical records provided. There is no documentation that the patient has had any previous surgeries or MRIs. The ODG guidelines for an MRI state that they are recommend for chronic neck pain (= after 3 months of conservative treatment), radiographs normal, neurologic signs or symptoms present, and neck pain with radiculopathy if severe or progressive neurologic deficit. In this case, the treating physician has failed to document if the patient has had completed conservative treatment for 3 months and there are no examination findings to indicate any possible radiculopathy. The current request is not medically necessary.

**MRI Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation ODG guidelines, Neck and Upper back, MRI.

**Decision rationale:** The patient presents with pain affecting the cervical and thoracic spine. The current request is for an MRI of the thoracic spine. There is no RFA in the medical records provided. The UR report dated 1-3-17 denied the requested medical treatment based on the lack of documentation of neurological deficits. The treating physician report dated 12-23-16 (27b) states, "imaging: x-ray: thoracic spine complete. Imaging, x-ray: cervical spine." The patient states she has decreased strength and radiculopathy symptoms down her arm. There is no discussion of a cervical MRI of the spine in the medical records provided. There is no documentation that the patient has had any previous surgeries or MRIs. The ODG guidelines for thoracic MRI state than an MRI is recommended for upper back and thoracic spine trauma with neurological deficit. In this case, the treating physician has failed to document if the patient has had completed conservative treatment for 3 months and there are no examination findings to indicate any possible radiculopathy. The current request is not medically necessary.