

Case Number:	CM13-0021997		
Date Assigned:	11/13/2013	Date of Injury:	08/22/2012
Decision Date:	02/03/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology 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 physician 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 patient is a 42-year-old male who reported an injury on 08/23/2012. The patient's mechanism of injury was noted as a twisting injury he sustained when he felt a sharp twinge in his neck and upper back while working as a construction worker in the city of [REDACTED]. The patient was initially recommended treatment with physical therapy as well as an MRI of the cervical and thoracic spine given the severity of his subjective symptoms and his radicular complaints. The patient underwent an MRI of cervical spine on 01/08/2013 which demonstrated a 2 mm disc protrusion at C4-5 and C5-6 with moderate left foraminal narrowing at C5-6. The following day, the patient had an MRI of the thoracic spine which demonstrated minimal thoracic spondylosis with no significant stenosis. The patient stated his pain has been refractory to treatment with narcotic medications, physical therapy, and treatment with trigger point injections and epidural steroid injections. The most recent clinical note is dated 10/09/2013 which notes that the patient has had no significant changes in his condition since his last office visit. Although his low back pain persists and fluctuates in intensity throughout the month, he stated his current medication regimen provides modest relief most days which allows him to complete activities of daily living and errands outside the home. The physician is now requesting 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Magnetic resonance imaging (MRI).

Decision rationale: California MTUS/ACOEM Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear; however, further physiologic evidence and nerve dysfunction can be obtained before ordering an imaging study. The patient already had undergone 2 MRIs, 1 for the thoracic spine and 1 for the cervical spine back in 01/2013. Referring to Official Disability Guidelines, it states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (for example tumor, infection, fracture, neurocompression, or recurrent disc herniation). The most recent documentation states that the patient has had no significant changes in his condition since the last office visit. Furthermore, his current medication regimen has been providing him modest relief most days and allows him to complete activities of daily living and errands outside the home. Therefore, at this time, the medical necessity for a MRI of the cervical and thoracic spine cannot be established. As such, the requested service is non-certified.