

Case Number:	CM13-0031356		
Date Assigned:	12/18/2013	Date of Injury:	10/25/2012
Decision Date:	03/10/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/03/2013

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain and sacroiliac joint pain reportedly associated with an industrial injury of October 25, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; transfer of care to and from various providers in various specialties; and work restrictions. It is not clear whether the applicant's limitations have been accommodated by the employer or not. In a utilization review report of September 13, 2013, the claims administrator reportedly denied a thoracic MRI. It is noted that portions of the utilization review report have been truncated and that the complete report may or may not have been provided. In a September 9, 2013, progress note, the applicant reports that she is having decreased thoracic spine pain, but reports numbness and tingling about the upper extremities and digits. She also reports vertigo. MRI imaging of the cervical and thoracic spines are sought. The applicant reportedly has diagnoses of thoracic spine pain, neck pain, lower back pain, insomnia, stress, anxiety, depression, and gastritis. The applicant's upper extremity strength is scored at 5/5 with sensorium about the upper extremities within normal limits. A 25-pound lifting limitation is endorsed, although it does not appear that said limitation has been accommodated by the employer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The Physician Reviewer's decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, MRI and/or CT imaging is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical findings, in preparation for an invasive procedure. In this case, however, there is no indication that the applicant is actively considering or contemplating an invasive procedure. There is no clear-cut evidence of a radiculopathy emanating from the thoracic spine. The applicant was, it is incidentally noted, described on the most recent office visit in question as evincing normal upper extremity strength and sensorium, arguing against a bona fide thoracic radiculopathy which would require MRI imaging to clarify. Accordingly, the request remains non-certified, on independent medical review.