

Case Number:	CM13-0031494		
Date Assigned:	12/04/2013	Date of Injury:	03/18/2005
Decision Date:	01/24/2014	UR Denial Date:	09/17/2013
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.

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 chronic neck, low back and mid back pain reportedly associated with a slip and fall industrial injury of March 18, 2005. Thus far, the applicant has been treated with following: Analgesic medications; cervical MRI of April 2005, notable for 4 mm disk protrusion at C6-C7; lumbar MRI of April 2005, notable for small 2 mm disk protrusion at L5-S1; and extensive periods of time off of work. It does not appear that the applicant has returned to work with permanent work restrictions imposed by an Agreed Medical Evaluator. In a prior utilization review report of September 17, 2013, the claims administrator denied a request for thoracic MRI. An earlier note of August 16, 2013 is notable for comments that the applicant is bipolar. The applicant is having increasing weakness in lower extremities with shooting discomfort and tingling. The applicant is on Prilosec, Risperdal and marijuana. The applicant has not worked since March 2005 and had apparently only worked for few weeks at the time of industrial injury. A normal gait, 5/5 lower extremity strength, and normal sensorium is appreciated in all dermatomes. It is stated that the applicant should employ Voltaren and Flexeril for pain relief. The applicant has significant thoracic kyphosis noted on radiographs. It is stated that there is no evidence of reproducible weakness noted on the clinic evaluation. MRI imaging is nevertheless endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted in the MTUS-Adopted ACOEM guidelines in Chapter 8 Table 8-8, MRI and/or CT imaging can be employed to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings in those individuals who are preparing for invasive procedure or surgical intervention. In this case, however, there is no indication or evidence that the applicant would consider a surgical remedy were it offered to him. There is no evidence of clear history and physical exam findings suggestive of nerve root compromise. Therefore, the original utilization review decision is upheld. The request remains noncertified, on independent medical review