

Case Number:	CM13-0059281		
Date Assigned:	01/03/2014	Date of Injury:	07/18/2013
Decision Date:	04/15/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/02/2013

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. The expert 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 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/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 neck, mid back, and low back pain reportedly associated with an industrial injury of July 18, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; work restrictions; and trigger point injection therapy. It does not appear that the applicant is working with limitations in place. In a Utilization Review Report of November 18, 2013, the claims administrator denied a request for a thoracic MRI, stating that EMG-NCS test result should be reviewed prior to considering MRI imaging. The applicant's attorney subsequently appealed. A clinical progress note of October 11, 2013 is notable for comments that the applicant reports persistent mid and low back pain with associated SI joint tenderness. The applicant exhibited motor strength which was within normal limits both bilaterally and equally with normal sensorium and reflexes appreciated. Trigger point injection therapy and work restrictions were sought, although it did not appear that the applicant was working with said limitations in place. Another clinical progress note of October 18, 2013 is notable for comments that the applicant reports persistent neck, low back, and mid back pain ranging from 7-8/10. Multifocal tenderness was appreciated. The applicant apparently had diminished right thigh sensorium and diminished, 4/5 right lower extremity motor strength compared to the left. Tramadol, Motrin, Zanaflex, Prilosec, Terocin, electrodiagnostic testing, and MRI imaging were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE THORACIC SPINE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI or CT imaging is "recommended" to validate a diagnosis of nerve root compromise based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, the applicant does seemingly have evidence of neurologic compromise. There is evidence of diminished motor strength about the right lower extremity, scored at 4/5, versus 5/5 motor strength noted about the left lower extremity on an office visit of October 18, 2013, referenced above. Hyposensorium is also appreciated about the right leg on that date. The applicant has seemingly failed to respond favorably to conservative treatment in the form of time, medications, physical therapy, etc. MRI imaging in possible preparation for an invasive procedure is therefore indicated, appropriate, and supported by ACOEM. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.