

Case Number:	CM13-0062009		
Date Assigned:	12/30/2013	Date of Injury:	10/19/2012
Decision Date:	05/16/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/05/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Inteventional Spine, 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 patient is a 26-year-old female with a date of injury of 10/19/2012. The listed diagnoses per [REDACTED] are: chronic cervical pain, chronic thoracic pain, and L4-S1 facet arthropathy. According to report dated 10/29/2013 by [REDACTED], the patient presents with complaints of neck and mid low back pain. The neck pain is down the neck region between her shoulder blades and to the thoracic spine. The patient states pain is 3/10 with rest and 5/10 without. The patient also complains of mid and low back pain that extends down to the right leg with numbness down to her shin. Examination of the cervical spine revealed evidence of tenderness and spasm over the left trapezius, superior scapular, and mid scapular border. There is also tenderness to palpation over the paracervical muscles. Sensory is intact bilaterally. There is decreased range of motion on all planes with pain with motion. Examination of the lumbar spine revealed there is palpable tenderness across the left upper buttocks. Sensation is intact bilaterally. There is decreased range of motion on all planes with pain with motion. Motor strength is normal. Straight leg raise is negative bilaterally at 90 degrees. There was an MRI (magnetic resonance imaging) of the lumbar spine performed on 02/25/2013 which showed facet arthropathy at L4-L5 and L5-S1 without stenosis. The provider is now asking for MRI of the thoracic spine and MRI of the cervical spine to identify the source of pain as she has had chronic pain for over a year without improvement with non-steroidal anti-inflammatory drugs (NSAIDs), therapy, and acupuncture. The medical records indicate the patient has recently had a course of 6 physical therapy sessions, 6 chiropractic visits, and 9 acupuncture treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI OF THE THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MR (magnetic resonance) imaging in neck pain. (<http://www.odg-twc.com/odgtwc/neck.htm#Procedures>)

Decision rationale: This patient presents with continued neck/mid-back and low back pain. The provider is requesting an MRI (magnetic resonance imaging) of thoracic spine. The ACOEM Guidelines have the following criteria for ordering images: "Emergence of red flag, physiologic evidence of tissue insult, or neurologic dysfunction; failure to progress strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure." The ACOEM Guidelines may be more appropriately applied for acute and subacute cases. For chronic condition, Official Disability Guidelines (ODG) recommends MRI studies for chronic neck pain after 3 months of conservative treatment when radiographs are normal and neurologic signs or symptoms are present. In this case, there are no concerns for tumor, infection, dislocation, myelopathy, or any other red flag conditions. In addition, the examination did not reveal any neurological deficit. The recommendation is for denial.

AN MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MR (magnetic resonance) imaging in neck pain. (<http://www.odg-twc.com/odgtwc/neck.htm#Procedures>)

Decision rationale: This patient presents with continued neck/mid-back and low back pain. The provider is requesting an MRI (magnetic resonance imaging) of thoracic spine. The ACOEM Guidelines have the following criteria for ordering images: "Emergence of red flag, physiologic evidence of tissue insult, or neurologic dysfunction; failure to progress strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure." The ACOEM Guidelines may be more appropriately applied for acute and subacute cases. For chronic condition, Official Disability Guidelines (ODG) recommends MRI studies for chronic neck pain after 3 months of conservative treatment when radiographs are normal and neurologic signs or symptoms are present. In this case, there are no concerns for tumor, infection, dislocation, myelopathy, or any other red flag conditions. In addition, the examination did not reveal any neurological deficit. The recommendation is for denial.

