MAXIMUS Federal Services

Case Number:	CM13-0067305		
Date Assigned:	05/05/2014	Date of Injury:	09/25/2012
Decision Date:	07/09/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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 patient is a 34-year-old male who has submitted a claim for cervical spine degenerative disc disease and thoracic spine sprain/strain associated with an industrial injury date of September 25, 2012.Medical records from 2013 to 2014 were reviewed. The patient complained of chronic upper back pain with intermittent radiation of pain and numbness into the entirety of the left upper extremity. Physical examination showed tenderness of the thoracic paraspinal muscles at T2-T3 on the left with associated muscle tension. MRI of the thoracic spine done last November 21, 2012 showed mild disc bulging without central or foraminal stenosis at C5-C6 and C6-C7. Treatment to date has included NSAIDs, opioids, topical analgesics, muscle relaxants, antidepressants, physical therapy, and acupuncture. Utilization review from November 20, 2013 denied the request for MRI of the thoracic spine due to absence of plain X-rays of the 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 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), TREATMENT INDEX, 11TH EDITION (WEB), 2013, NECK AND UPPER BACK -- MRI SCAN.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Page 304 of the California MTUS ACOEM Practice Guidelines indicates that the criteria for imaging studies include red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration of surgery. In this case, the employee had a previous thoracic MRI done last November 21, 2012 showing mild disc bulging without central or foraminal stenosis at C5-C6 and C6-C7. The employee complained of chronic upper back pain. However, progress notes from November 15, 2013 reported that oral medications provided pain relief and improved function. In addition, a detailed neurologic examination showing specific nerve compromise and a thoracic X-ray are lacking. The employee is also not considered as a surgical candidate. There is no compelling rationale for a repeat MRI at this time. Therefore, the request for MRI of the thoracic spine is not medically necessary.