

Case Number:	CM14-0000618		
Date Assigned:	05/16/2014	Date of Injury:	02/01/2011
Decision Date:	07/11/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	01/02/2014

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 and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 34-year-old male who reported an injury on 02/01/2011. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to the thoracic spine. The injured worker's treatment history included physical therapy, medications, and epidural steroid injections. The injured worker underwent an MRI on 01/20/2013 that revealed multilevel disc protrusions. The injured worker was examined on 11/18/2013. It was documented that the injured worker had failed to respond to epidural steroid injections. The physical findings noted that the injured worker had tenderness to palpation over the midthoracic paravertebral musculature and spinous process from T7-9 with limited range of motion and sensory deficits in the T8-9 dermatomal distributions. The injured worker's diagnosis included disc protrusions at the T7-8 and T8-9 levels. A request was made for an additional MRI as the previous MRI in 01/2013 was of limited quality and could not sufficiently contribute to the injured worker's treatment planning.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI SCAN FOR THE THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation ODG Low Back, Lumbar and Thoracic, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: The requested MRI scan of the thoracic spine is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends imaging studies in the presence of physical findings of nerve root pathology. The clinical documentation does indicate that injured worker has radiculopathy to support nerve root involvement. However, Official Disability Guidelines do not routinely support repeat imaging in the absence of significant changes in the injured worker's clinical presentation to support progressive neurological deficits or a change in the injured worker's pathology. It was noted within the documentation that the injured worker's previous MRI was of poor quality and an additional MRI was needed to assist with treatment planning. However, an independent report of that MRI was not provided for review. As there has been no significant change in the injured worker's clinical presentation to support additional imaging, the request would not be appropriate at this time. As such, the requested MRI of the thoracic spine is not medically necessary or appropriate.