

Case Number:	CM14-0006005		
Date Assigned:	03/03/2014	Date of Injury:	05/01/2012
Decision Date:	07/18/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/13/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 52-year-old male with a reported date of injury on 05/01/2012. The injury reportedly occurred when the injured worker was doing continuous lifting of patients and equipment, and proceeded to develop a sharp pain in his thoracic spine. His diagnoses were noted to include cervical herniated nucleus pulposus, right hand injury, obstructive sleep apnea, and thoracic sprain/strain. His previous treatments were noted to include physical therapy, medications, and facet injections. The progress note dated 12/16/2013 noted the injured worker had increased pain to the cervical spine and continued nausea. The injured worker was noted to also have positive Spurling's, positive compression test, decreased range of motion and pain with range of motion, positive spasms, and positive pain with extension and flexion. The request for authorization form was not submitted within the medical records. The request is for an MRA of the chest and an MRI of the bilateral upper extremities (thoracic spine, bilateral shoulders). The provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA chest: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus, Magnetic resonance angiography.

Decision rationale: The request for an MRA of the chest is non-certified. The injured worker has positive Spurling's, compression test, spasms, and pain. Magnetic resonance angiography is an MRI exam of the blood vessels. Unlike traditional angiography that involves placing a tube (catheter) into the body, MRA is noninvasive. There is a lack of documentation regarding the medical necessity for an MRA of the chest. There is a lack of clinical findings to warrant an MRA of the chest. Therefore, the request is non-certified.

MRI bilateral upper extremity (thoracic spine, bilateral shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 6.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The request for an MRI of bilateral upper extremities (thoracic spine, bilateral shoulders) is non-certified. The injured worker has had previous MRIs to the right brachial plexus unilaterally, a CT scan of the cervical spine, and an MRI of the cervical spine. The California MTUS/ACOEM recommends an MRI when looking to identify shoulder pathology of a rotator cuff tear, recurrent dislocation, tumor, or infection. The California MTUS/ACOEM criteria for ordering imaging studies are emergence of a red flag, physiological evidence of tissue insult, or neurovascular dysfunction, failure to progress in a strengthening program to avoid surgery, or clarification of anatomy prior to an invasive procedure. There is a lack of clinical findings to warrant the need for an MRI of the bilateral upper extremities. There is also a lack of documentation regarding a change in clinical pathology or an impending surgery to warrant a need for an MRI. Therefore, the request is non-certified.