

Case Number:	CM14-0008386		
Date Assigned:	05/02/2014	Date of Injury:	05/14/2010
Decision Date:	06/11/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/22/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 57-year-old male who sustained an injury to his neck on 05/14/10. The mechanism of injury was not documented. The injured worker continued to have ongoing neck and thoracic pain radiating down the arm, right greater than left with associated weakness and clumsiness with the use of his hands along with ongoing right shoulder pain. The injured worker had generalized weakness to his upper extremities which radiates down to C5-6 and C6-7 distribution to the right with right flank pain as well. Neck and arm symptoms were equivalent. An MRI of the thoracic spine was recommended based on findings of flank pain to the right rib cage and down to the ilium. This needed to be evaluated more thoroughly with a thoracic MRI scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI THORACIC SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG); LOW BACK CHAPTER, MRIS (MAGNETIC RESONANCE IMAGING).

Decision rationale: The request for MRI of the thoracic spine without contrast is not medically necessary. The physical exam findings on the 11/25/13 note reported diminished sensation along the right flank radiating into aspect of the abdomen over the inferior ribs, as well as down to the iliac crest on the right. The treating physician noted that the right thoracic stenosis seen in that area of the thoracic spine on MRI scan of the cervical spine would not be addressed by the recommended a Anterior Cervical Disc Fusion (ACDF) at C4-5, C5-6 and C6-7; however, the treating physician thought that there would be a good chance that treating the cervical spine would substantially improve overall symptomatology. There were no focal neurological deficits on physical examination that would indicate an MRI of the thoracic spine. Given the clinical documentation submitted for review, medical necessity of the request for MRI of the thoracic spine without contrast has not been established.