

Case Number:	CM14-0114246		
Date Assigned:	08/04/2014	Date of Injury:	03/19/2004
Decision Date:	10/07/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/22/2014

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 Family Medicine 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:

This is a 54-year-old male patient who reported an industrial injury on 3/19/2004, over 10 years ago, attributed to the performance of his usual and customary job tasks. The patient was noted to be status post anterior cervical discectomy and fusion C5-C7. The patient was noted to complain of left sided stiffness in the neck along with mid back discomfort. The objective findings on examination included some trigger points in mid back area along with left side of neck. The diagnosis was cervical disc displacement. The treatment plan included a thoracic spine MRI. It was noted that the patient had been provided with a prior MRI of the lumbar spine however no results are made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

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) neck and upper back chapter-MRI

Decision rationale: The request for a MRI of the Thoracic spine was not supported with objective findings on examination to support medical necessity. The patient is over ten (10) years s/p DOI and has no documented neurological or radiculopathy deficits on examination. The patient is documented to have had a prior MRI of the thoracic spine and there are no documented interval changes in clinical status or any neurological progressing deficits. There are no interval clinical changes in status to warrant additional imaging studies. There was no objective evidence to support the medical necessity of the requested repeated Thoracic spine MRI. The patient was not documented to have been provided complete conservative treatment. The criteria recommended by evidence-based guidelines were not documented to support the medical necessity of the requests. There is no rationale provided by the requesting provider to support the medical necessity of a MRI of the Thoracic spine as a screening study. There are no documented progressing neurological deficits. There are no demonstrated red flag diagnoses as recommended by the ACOEM Guidelines in order to establish the criteria recommended for a MRI of the Thoracic spine. The medical necessity of the requested MRI of the Thoracic spine was not supported with the subjective/objective findings recommend by the ACOEM Guidelines or the Official Disability Guidelines for the authorization of a Thoracic spine MRI. The patient's treatment plan did not demonstrate an impending surgical intervention or any red flag diagnoses. The treatment plan was not demonstrated to be influenced by the obtaining of the Thoracic MRI. There were no demonstrated sensory or motor neurological deficits on physical examination; there were no demonstrated changes to the patient's neurological examination other than the subjective pain complaint; and the patient was not shown to have failed a conservative program of strengthening and conditioning. The patient is not documented as contemplating surgical intervention to the Thoracic spine. There were no documented clinical changes in the patient's clinical status or documented motor/sensory neurological deficits that would warrant the authorization of a MRI of the Thoracic spine/thoracic spine or meet the recommendations of the currently accepted evidence-based guidelines. There is no provided rationale for the MRI of the Thoracic spine/thoracic spine by the requesting provider. The MRI results were not noted to affect the course of the recommended conservative treatment. The functional assessment for the provided conservative therapy since the date of injury has not been documented or provided in the physical therapy documentation. There was no demonstrated medical necessity for a MRI of the Thoracic spine for the objective findings documented on examination. There was no rationale supported by objective evidence provided by the requesting physician to support the medical necessity of the repeated MRI. Therefore, the request for MRI Thoracic Spine is not medically necessary and appropriate.