

Case Number:	CM14-0120025		
Date Assigned:	08/06/2014	Date of Injury:	03/25/2009
Decision Date:	10/15/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/30/2014

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 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:

Medical records reflect the claimant is a 56 year old male who sustained a work injury on 3-25-09. The claimant is status post right hemilaminectomy and discectomy, left thoracotomy for T6-T7, discectomy and fusion, right L3-L4 and L4-L5 hemilaminectomy, foraminotomy and L3-L4 microdiscectomy performed on 8-16-12. The claimant also had a SCS implanted on 8-31-13. Office visit on 7-9-14 notes the claimant reported that reports his left arm become numb every day for approximalty 4 hours during the night. Medications allow him to get out of bed and do very limited activities, but without medications he would not be able to get out of bed. The claimant is continued with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with and without contrast (Cervical and Thoracic): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Neck & Upper Back/MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical and thoracic spine disorders - diagnostic investigations - MRI

Decision rationale: ACOEM notes that MRI is recommended for patients with: -Acute cervical pain with progressive neurologic deficit; -Significant trauma with no improvement in significantly painful or debilitating symptoms; -A history of neoplasia (cancer); -Multiple neurological abnormalities that span more than one neurological root level -Previous neck surgery with increasing neurologic symptoms; -Fever with severe cervical pain; or -Symptoms or signs of myelopathy. This claimant reports numbness for four hours at night of the left upper extremity. However, no objective physical exam findings noting neurological deficits or objective documentation of neurological deterioration provided. Additionally, nerve root compression is not intermittent. Therefore, the medical necessity of this request is not established.