

Case Number:	CM14-0180862		
Date Assigned:	11/05/2014	Date of Injury:	06/21/2008
Decision Date:	12/10/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/30/2014

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 Internal Medicine and is licensed to practice in New York. 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 man with a date of injury of 6/21/08. He was seen by his primary treating physician on 10/16/14 with complaints of neck and bilateral arm pain. Electrodiagnostic studies were performed in both arms which showed mild bilateral carpal tunnel and left cubital tunnel syndrome. His exam showed 5/5 bilateral upper extremity strength except for slight weakness on both interossei graded 4/5. He had atrophy on both hypothenar eminences. His reflexes were 2+ and he had a positive Tinel's test on both elbows. His diagnoses included depression, anxiety state, neck pain, chronic pain, myofascial pain, shoulder pain, rotator cuff disorder, chronic pain syndrome, dysthymic disorder, numbness, carpal tunnel syndrome, facet joint disease of the cervical region and degeneration of cervical intervertebral disc. At issue in this review is the request for a thoracic MRI to evaluate for discogenic and or facetogenic etiology for his mid back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic mid back pain is for a Magnetic Resonance Imaging (MRI) of the Thoracic Spine. The records document a physical exam with no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and back pathology and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a Magnetic Resonance Imaging (MRI) of the Thoracic Spine is not medically necessary.