

Case Number:	CM14-0181842		
Date Assigned:	11/06/2014	Date of Injury:	01/30/2006
Decision Date:	12/11/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/03/2014

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; has a subspecialty in Interventional spine 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 male patient with a date of injury of January 30, 2006. A utilization review determination dated October 6, 2014 recommends non-certification of an MRI of the thoracic spine. A progress note dated September 24, 2014 identifies subjective complaints of slightly increased neck, low back, bilateral shoulder, and bilateral lower extremity pain. There has been no change in distribution of pain. The patient's pain score is a 9/10 without medications and eight 7/10 with medications. The patient's current pain score is a 9/10. The patient states that the medications prescribed are keeping him functional, allowing for increased mobility, allows for tolerance of his activities of daily living, and allows for home exercises. Physical examination identifies deep tendon reflexes in the right upper extremity are decreased, there is tenderness to palpation of the cervical paraspinal muscles, tenderness to palpation of the occipitalis muscle, tenderness to palpation of the thoracic paraspinal muscles, and tenderness to palpation of the lumbar paraspinal muscles. There is decreased sensation to pin on the right C5, right C6, right C7, right L4, right L5, and right S1. The diagnoses include right shoulder impingement syndrome, tension headaches, cervical disc displacement without myelopathy, thoracic disc displacement without myelopathy, lumbar radiculopathy, cervical radiculopathy, thoracic degenerative disc disease, lumberjack disc disease, and cervical degenerative disc disease. The treatment plan recommends medications as outlined, request authorization for physical therapy for 12 visits for the soft tissue of the right shoulder and cervical spine, will require clarification of claimed and accepted body parts, request for updated thoracic and lumbar spine MRI's last updated three years ago, await authorization for repeat labs due to trace of anemia, request authorization for bilateral shoulder MRIs without contrast, and consider upper extremity EMG/NCS is the MRIs cannot explain the forearm and hand complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for thoracic spine MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no documentation of recent thoracic spine trauma with neurological deficit. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested thoracic spine MRI is not medically necessary.