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| Case Number: | CM14-0028717 | | |
| Date Assigned: | 06/16/2014 | Date of Injury: | 08/09/2011 |
| Decision Date: | 08/04/2014 | UR Denial Date: | 02/26/2014 |
| Priority: | Standard | Application Received: | 03/06/2014 |

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 Anesthesiology, has a subspecialty in Pain 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:

According to the records made available for review, this is a 50-year-old male with a 8/9/11 date of injury, and status post C5-6 and C6-7 ACDF (Anterior Cervical Discectomy And Fusion) 4/13 and status post lumbar laminectomy 05. At the time (2/26/14) of request for authorization for 1 magnetic resonance imaging of the thoracic spine without contrast, there is documentation of subjective (ongoing neck and arm pain, symptoms of a brand-like tightness across the abdomen as well as increasing burning discomfort in both hand and upper extremities, there is associated numbness in the hands bilaterally, mild difficulties with fine motor skills, symptoms worsened one month after surgery and after sneezing) and objective (cervical spine limited range of motion, motor strength 5/5, sensation intact, DTRs 3+ and symmetric, no Hoffman sign, station and gait normal) findings, imaging findings (cervical spine MRI (10/11/13) report revealed cervical spinal cord and imaged upper thoracic spinal cord unremarkable), current diagnoses (cervical stenosis with myelopathy and residuals of previous cord compression), and treatment to date (physical therapy, and medications). The 12/19/13 medical report identifies a request for a thoracic MRI to rule out cord compression. There is no documentation of thoracic spine trauma: with neurological deficit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MAGNETIC RESONANCE IMAGING OF THE THORACIC SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - Lumbar & Thoracic, Magnetic Resonance Imaging (MRI).

Decision rationale: The California MTUS reference to the ACOEM Guidelines and identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of an MRI. The ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (Thoracic spine trauma: with neurological deficit), as criteria necessary to support the medical necessity of a thoracic MRI. Within the medical information available for review, there is documentation of diagnoses of cervical stenosis with myelopathy and residuals of previous cord compression. However, there is no documentation of thoracic spine trauma: with neurological deficit. Therefore, based on guidelines and a review of the evidence, the request for one (1) magnetic resonance imaging of the thoracic spine without contrast is not medically necessary.