

Case Number:	CM14-0058421		
Date Assigned:	07/09/2014	Date of Injury:	07/15/2011
Decision Date:	09/05/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/29/2014

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 Emergency 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:

The injured worker is a 61 year-old female, who sustained an injury on July 15, 2011. The mechanism of injury occurred when she picked up a rolled air mattress. A cervical spine MRI dated September 4, 2013 was reported as showing C6-7 extruded disc herniation. Treatments have included medications and physical therapy. The current diagnoses are cervical disc degeneration, loss of lordotic curve with kyphosis and osteophytes of the cervical spine, left parascapular myalgia, thoracic spine strain/sprain, and rule out disc herniation. The injured worker has non-industrial co-morbidities of multiple sclerosis, asthma. The stated purpose of the request for MRI of Thoracic Spine was to rule out thoracic disc herniation. The request for MRI of Thoracic Spine was denied on April 2, 2014, citing a lack of documentation of positive neurologic findings indicative of nerve compromise of the thoracic spine, nor failure of conservative treatment. Per the report dated March 17, 2014, the treating physician noted complaints of pain to the neck and left shoulder, rated as 8/10, but with improved cervical range of motion after completion of 6 sessions of physical therapy. Exam findings included decreased cervical range of motion with paraspinal muscle tenderness, positive left-sided Spurling's sign, positive compression test, decrease sensation at left C5-8 with associated decreased strength, T1-4 thoracic spinal tenderness. Per the January 3, 2014 physical therapy report, the patient was 30% improved.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

Decision rationale: The requested MRI of Thoracic Spine is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 177-178 and 182, note the criteria for ordering imaging studies are "Emergence of a red flag - Physiologic evidence of tissue insult or neurologic dysfunction - Failure to progress in a strengthening program intended to avoid surgery - Clarification of the anatomy prior to an invasive procedure;" and "MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure." The injured worker has pain to the neck and left shoulder, rated as 8/10, but with improved cervical range of motion after completion of 6 sessions of physical therapy. The treating physician has documented decreased cervical range of motion with paraspinal muscle tenderness, positive left-sided Spurling's sign, positive compression test, decrease sensation at left C5-8 with associated decreased strength, T1-4 thoracic spinal tenderness. The treating physician has not documented the emergence of a red flag condition; physiologic evidence of neurologic dysfunction; or indication of an impending surgical intervention. Further, the treating physician has documented clinical improvement with physical therapy. The criteria noted above not having been met, MRI of Thoracic Spine is not medically necessary.