

Case Number:	CM14-0058509		
Date Assigned:	07/09/2014	Date of Injury:	02/25/2003
Decision Date:	09/29/2014	UR Denial Date:	04/04/2014
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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 48 year old who was injured on 2/25/2003. The diagnoses are neck pain, mid and low back pain and headache. The past medical history is significant for thoracic intramedullary tumor with thoracic spondylosis and severe spinal stenosis at C5-C6 . On 4/25/2012, an EMG showed mild degenerative demyelinating median neuropathy of the wrist. On 3/27/2014, the patient complained of increased neck and mid back pain. There are associated sensation of pins and needles of the upper extremities. The physical examination was positive for suprascapular muscle spasm and trigger points. The Tinel sign was positive at the right elbow. The medications are Topamax and baclofen for muscle spasm and Lidoderm for pain. The Utilization Review determination was rendered on 4/4/2014 recommending non certification for MRI of the cervical and thoracic spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Thoracic: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: The CA MTUS and the ODG addressed the use of MRI in the evaluation of chronic neck and back pain. The records indicate that there are exacerbation of subjective and objective findings indicative of radiculopathy. There is a significant 'red flag' by the past history of thoracic intramedullary tumor. The criteria for MRI of the cervical spine was met, therefore this request is medically necessary.

MRI Cervical: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain Chapter. Neck and Upper back chapter.

Decision rationale: The CA MTUS and the ODG addressed the use of MRI in the evaluation of chronic neck and back pain. The records indicate that there are exacerbation of subjective and objective findings indicative of radiculopathy. There is a significant 'red flag' by the past history of thoracic intramedullary tumor. The criteria for MRI of the cervical spine was met, therefore this request is medically necessary.