

Case Number:	CM14-0061518		
Date Assigned:	07/09/2014	Date of Injury:	05/03/2013
Decision Date:	09/11/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/02/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, low back, shoulder, knee, and hand pain reportedly associated with an industrial injury of May 3, 2013. Thus far, the applicant has been treated with the following: analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; topical compounded cream; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; unspecified amounts of acupuncture; and unspecified amounts of extracorporeal shockwave therapy. In a Utilization Review Report dated April 11, 2014, the claims administrator denied a request for Thoracic MRI Imaging. The applicant's attorney subsequently appealed. In a handwritten progress note dated March 12, 2014, difficult to follow, not entirely legible, the applicant had no pain complaints, it was stated "0/10." The attending provider nevertheless sought MRI Imaging of the cervical spine, thoracic spine, lumbar spine, and right shoulder, despite the lack of pain complaints. The attending provider suggested that the request be performed using open MRI imaging. Functional capacity testing and eight sessions of physical therapy were endorsed, along with a rather proscriptive 25-pound lifting limitation. It did not appear that the applicant was working. The note relied almost exclusively on preprinted checkboxes and furnished very little in the way of narrative commentary. In an earlier note dated February 3, 2014, MRI imaging of the cervical, thoracic, and lumbar spines were sought, along with MRI imaging of the bilateral shoulders. Eight sessions of physical therapy and functional capacity testing were also endorsed. 0-2/10 pain was noted on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic MRI of the Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, the attending provider did not outline the presence of any clear history and/or physical exam findings suggestive of nerve root compromise referable to the thoracic spine which might support MRI imaging of the same. The attending provider did not state or suggest that the applicant was actively considering or contemplating a surgical remedy insofar as the thoracic spine was concerned. The documentation on file, as previously noted, comprised largely of preprinted checkboxes, with little or no narrative commentary. It was not clear why MRI imaging was sought, particularly when the applicant's pain complaints were minimal to negligible, in the 0-2/10 range. For all of the stated reasons, the request for a diagnostic thoracic MRI imaging is not medically necessary.