

Case Number:	CM14-0175595		
Date Assigned:	10/28/2014	Date of Injury:	05/24/2013
Decision Date:	01/09/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/23/2014

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 Orthopedic Surgery 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 a 64 year old male claimant with an industrial injury dated 05/23/13. The patient is status post a left shoulder surgery and cyst removal. Conservative treatments have included physical therapy, epidural injections, medication, and chiropractic manipulation all resulting in temporary relief. Exam note 09/03/14 states the patient returns with back pain. The patient explains that the pain radiates down the legs. Upon physical exam there was no obvious deformity of the spine. There was evidence of diffuse tenderness to palpation. The patient has a motor strength of 5/5 throughout the bilateral upper and lower extremities. The patient's sensation is intact, and the patient has no Hoffmann's or clonus. MRI from a year prior reveals severe degenerative disc disease at L3-4, L2-3, and L1-2. Diagnosis is noted as back pain secondary to spondylosis. Treatment includes a current MRI of the lumbar and thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Thoracic Spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Comp 18th edition, 2013 Updates, Low Back Chapter - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: According to the CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints pgs 177-178 regarding special studies (MRI), recommendations are made for MRI of cervical or thoracic spine when conservative care has failed over a 3-4 week period. 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". In this case the exam from 9/3/14 do not demonstrate any deficit neurologically or failed strengthening program prior to the request for MRI. Therefore the request is not medically necessary.