MAXIMUS Federal Services

Case Number:	CM14-0196196		
Date Assigned:	12/04/2014	Date of Injury:	08/24/2010
Decision Date:	01/16/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 fifty-nine year old male who sustained a work-related injury on August 24, 2010. A request for an MRI to the thoracic spine was noncertified by Utilization Review (UR) on November 12, 2014. The UR physician utilized the Office Disability Treatment Guidelines in the determination. The UR physician noted that the injured worker had no documentation to support radiculopathy, neurologic deficit of myelopathy either by symptoms, physical findings or EMG. There was no documentation of "red flags" to suggest tissue insult or neurologic deficit and no documentation of failed conservative treatment including home stretching exercise and/or physical therapy. A request for independent medical review (IMR) was initiated on November 20, 2014. A review of the documentation submitted of IMR included a physician's evaluation dated September 3, 2014. The injured worker reported an achy, dull and deep radiating pain in the neck. The neck discomfort at night was greatest with repetitive use. His symptoms were improved temporarily with facet block, epidural block, decreased activity and medications as needed. The evaluation provider documented that with respect to daily activities, the injured worker reports he has difficulty sitting, standing, lifting, grasping, driving and riding. On examination there was tenderness to palpation about the thoracic paraspinal musculature and upon neurologic evaluation, the injured worker's sensation was grossly intact to light touch. His reflexes of the upper extremities were within normal limits and his pulses palpable. An MRI of the cervical spine on September 14, 2010 revealed findings consistent with C5-C6 moderate disc degeneration and slight bulge and moderately symmetric right-sided 5-mm uncovertebral hypertrophy osteophyte causing marked stenosis in the right lateral recess and neuroforamen. At C6-C7 there is a broad-based central 2 to 3 mm disc protrusion causing mild central canal stenosis and contacting the anterior aspect of the cervical cord. At C3-C4, there is a right paracentral 1 mm disc protrusion without stenosis noted and a loss of lordosis consistent

with paraspinal spasm. A previous undated MRI of the thoracic spine demonstrated pathology of the T5 toT6 levels although this report was not available for review. An EMG and nerve conduction study performed on January 10, 2011 revealed no evidence of cervical radiculopathy and revealed evidence of bilateral moderate carpal tunnel syndrome. Previous treatment included physical therapy, various oral narcotics and non-narcotic medications and two epidural blocks with transient but complete relief obtained. He underwent facet injections of T4 and T5 and had relief of symptoms. The evaluating physician determined that the injured worker had reached permanent and stationary status and recommended surgical intervention after the failure of conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to the thoracic spine: Upheld

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

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

Decision rationale: According to MTUS guidelines, an MRI of the thoracic spine is recommended if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. There is no clinical evidence of anatomical defect or nerve compromise in this case. Therefore, the request for an MRI of thoracic spine is no medically necessary.