

Case Number:	CM14-0207315		
Date Assigned:	12/19/2014	Date of Injury:	09/15/2010
Decision Date:	02/17/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/11/2014

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 mid back pain reportedly associated with an industrial injury of September 15, 2010. In a Utilization Review Report dated November 12, 2014, the claims administrator denied a request for thoracic MRI imaging, invoking non-MTUS ODG Guidelines, despite the fact that the MTUS address the topic. The claims administrator alluded to the applicant's having had thoracic MRI imaging some two days prior which was reported normal. The applicant's attorney subsequently appealed. In a July 12, 2014 Medical-legal Evaluation, the applicant acknowledged that he was working as a home-based engineering consultant. The applicant was reportedly working 30-40 hours a week. The applicant was covertly observed driving a [REDACTED] truck and moving various articles of unspecified weights. The medical-legal evaluator referred to a thoracic MRI in 2010 which apparently was negative for a disk herniation. The medical-legal evaluator also noted that the applicant had undergone a knee arthroscopy procedure. In an appeal letter dated December 3, 2014, the applicant's treating provider noted that the applicant had longstanding, worsening thoracic spine pain over the preceding 6-12 months. The applicant had tenderness in the T11-T12 area. The attending provider stated that the thoracic MRI imaging would be indicated to help identify the etiology of the applicant's symptoms at this level. It was not clearly stated how this would influence the treatment plan, however. In an October 20, 2014 office visit, the applicant reported ongoing complaints of wrist pain, thoracic spine pain, and bilateral knee pain reportedly attributed to a trip and fall injury. The applicant had undergone right wrist surgery, left knee surgery, right knee surgery, and left knee revision surgery. X-rays of the thoracic spine were reportedly normal. The applicant was described as having trigger point injections about the parathoracic region. Trigger point injections were performed in the clinic. It was stated that the applicant had positive Tinel and Phalen signs about the right wrist

with 4/5 hand muscle strength. The applicant was given prescription for Ultram. The attending provider acknowledged that the applicant had received two years of indemnity benefits before ultimately returning to work in a self-employed capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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), Low Back Chapter, Indications for imaging- Magnetic Resonance Imaging.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the neck and/or upper back (AKA thoracic spine) can be employed 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 applicant's presentation was not suggestive of nerve root compromise pertaining to the thoracic spine but, rather, suggested that the applicant had issues with palpable trigger points in the parathoracic region for which the applicant received trigger point injections on October 20, 2014. There was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the thoracic spine based on the outcome of the study in question. Therefore, the request is not medically necessary.