

Case Number:	CM14-0216542		
Date Assigned:	01/06/2015	Date of Injury:	07/18/1994
Decision Date:	04/21/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52-year-old who has filed a claim for chronic pain syndrome and chronic low back pain reportedly associated with an industrial injury of July 18, 1994. In a Utilization Review Report dated December 12, 2014, the claims administrator approved a request for lumbar MRI imaging, while denying a request for thoracic MRI imaging. A November 17, 2014 RFA form and associated progress notes were referenced. The applicant's attorney subsequently appealed. On March 2, 2015, the applicant reported ongoing complaints of shoulder, knee, neck, and low back pain. Some radiation of pain to and numbness about the right lower extremity was appreciated. Neck pain radiating to the bilateral upper extremities were also reported. The applicant exhibited hypo-sensorium about the upper extremities and lumbar paraspinal tenderness on exam. The applicant was given refills of Duragesic, Norco, and trazodone. The applicant was also using Zanaflex. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. In a letter dated May 12, 2013, the applicant's spine surgeon noted that the applicant had ongoing complaints of neck pain, midback pain, and low back pain with progressive weakness and numbness about the hands and feet. Hyperactive reflexes were noted. The attending provider reiterated the applicant's grip strength weakness and hyposensorium about the hands. MRI imaging of the cervical and lumbar spines were proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of thoracic spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

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

Decision rationale: Yes, the request for thoracic MRI imaging was medically necessary, medically appropriate and indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 8, Table 8-8, page 182, MRI or CT imaging of the neck and/or midback are recommended to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, the applicant did report issues with neck and midback pain radiating to the bilateral arms, associated upper paresthesias, alleged upper extremity weakness, diminished grip strength, etc. The requesting provider was a spine surgeon, increasing the likelihood of the applicant's acting on the results of the study in question and/or considering surgical intervention based on the outcome of the same. Therefore, the request was medically necessary.