

Case Number:	CM15-0133150		
Date Assigned:	07/21/2015	Date of Injury:	05/29/2013
Decision Date:	08/25/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/09/2015

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, California
 Certification(s)/Specialty: Family Practice

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 is a 57-year-old female patient who sustained an industrial injury on May 29, 2013. She has reported pain in bilateral hands and has been diagnosed with history of carpal tunnel release and residual pain in right hand possible complex regional pain syndrome (mild). Per the doctor's note dated 5/7/2015, she had complaints of headache and pain in eye, neck, upper, mid and low back and wrist/hand. The physical examination of the right wrist revealed able to make a full grip with her hand, some mild soft tissue swelling on the right hand compared to the left, slight discoloration of the right hand compared to the left, some mild tenderness about her thenar eminence, full range of motion with flexion, extension, pronation, and supination, no evidence of triggering of her thumb. Her hand was warm and pink. The current medications list is not specified in the records provided. She has had thoracic spine MRI on 3/19/2015, which revealed mild to moderate multilevel degenerative disc disease, multilevel disc protrusion and a 2 x 1.5 cm non-specific fluid signal intensity mass, lateral to right T4-5 neural foramina may represent soft tissue cyst or neurofibromatosis or schwannoma; MRI cervical spine dated 11/12/2014 and 3/19/15. She has undergone carpal tunnel surgery on 4/15/2014. She has had physical therapy visits for this injury. The treatment request included a MRI of the thoracic spine.

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: Overturned

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, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation (ODG), Neck & Upper Back (updated 06/25/15), Magnetic resonance imaging (MRI).

Decision rationale: Per the ACOEM chapter 8 guidelines "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out." In addition, per the cited guidelines indication for thoracic MRI includes "Upper back/thoracic spine trauma with neurological deficit." She has had thoracic spine MRI on 3/19/2015, which revealed mild to moderate multilevel degenerative disc disease, multilevel disc protrusion and a 2 x 1.5 cm non-specific fluid signal intensity mass, lateral to right T4-5 neural foramina may represent soft tissue cyst or neurofibromatosis or schwannoma; MRI cervical spine dated 11/12/2014 and 3/19/15. Per ODG neck/ upper back guidelines "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (egg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The repeat MRI thoracic spine is medically appropriate to follow up on the spine tumor after 3 to 6 months to check for speed of growth. If the repeat MRI reveals that the tumor is growing in size fast then it could affect further management, for example obtaining a biopsy to evaluate for malignancy or possible surgery for excision. The request of MRI of the thoracic spine is medically necessary for this patient.

Neurosurgeon consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per the cited guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Per the records provided patient had headache and pain in eye, neck, upper, mid and low back and wrist/hand. She had significant objective findings on the physical examination- the right wrist- mild soft tissue swelling on the right hand compared to the left, slight discoloration of the right hand compared to the left, some mild tenderness about her thenar eminence. She has had thoracic spine MRI on 3/19/2015, which revealed mild to moderate multilevel degenerative disc disease, multilevel disc protrusion and a 2 x 1.5 cm non-specific fluid signal intensity mass, lateral to right T4-5 neural foramina may represent soft tissue cyst or neurofibromatosis or schwannoma. Therefore, this patient has a mass or tumor in the thoracic spine region. Therefore, a neurosurgeon consult is medically appropriate and necessary for

this patient.