

Case Number:	CM15-0137928		
Date Assigned:	07/27/2015	Date of Injury:	08/14/2011
Decision Date:	08/31/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/16/2015

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, 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 34-year-old who has filed a claim for chronic mid back pain reportedly associated with an industrial injury of August 14, 2011. In a Utilization Review report dated July 6, 2015, the claims administrator failed to approve requests for a nuclear medicine bone scan and thoracic MRI imaging. The claims administrator referenced a June 26, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 26, 2015, the applicant reported ongoing complaints of mid back pain without any associated radicular pain complaints. The applicant was on Desyrel, tramadol, and Prilosec. The applicant was smoking, it was reported. The applicant was given diagnosis of thoracic degenerative disk disease. Tenderness about the thoracic spine was noted at the T10 level. It was suggested that the applicant was interested in an unspecified surgical remedy. Updated MRI imaging of thoracic spine and a nuclear medicine bone scan were sought to evaluate the applicant's degenerative disk disease and/or the applicant's suitability for surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of thoracic spine Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: No, the proposed MRI imaging of the thoracic spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the neck and/or upper back to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, the applicant was given a diagnosis of thoracic degenerative disk disease on June 26, 2015. The applicant had no radicular symptoms, either about the lower extremity or the upper extremity. The MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does not espouse a role for thoracic MRI imaging in the evaluation of degenerative disk disease, as was/is present here. Therefore, the request was not medically necessary.

Nuclear bone spect scan t-spine Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182; 179.

Decision rationale: Similarly, the request for nuclear medicine bone scan of the thoracic spine was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that bone scanning is recommended if tumor or infection is possible in applicants who did not improve after one month, here, however, there was no mention of tumor and/or infection being possible here on or around the date of the request, June 26, 2015. The sole item on the differential diagnosis was thoracic degenerative disk disease, it appeared. It was not clearly stated why bone scanning was being sought here, particularly in light of the fact that the MTUS Guideline in ACOEM Chapter 8, Table 8-7, page 179 scores bone scanning 2/4 in its ability to identify and define suspected anatomic defects such as the degenerative disk disease suspected here. Therefore, the request was not medically necessary.