

Case Number:	CM15-0138642		
Date Assigned:	07/28/2015	Date of Injury:	11/12/2009
Decision Date:	08/25/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/17/2015

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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 42 year old male who sustained an industrial injury on 11/12/2009. Mechanism of injury was not found in documentation provided for review. Diagnoses include status post emergency decompression at T10-T11 with complete motor T10-T11 paralysis and Baclofen pump in place, persistent right hemi canal stenosis from right sided osteophytes and cord displacement at T4-T5, T5-T6 and T6-T7, Left L5-S1 extrusion and foraminal stenosis, right L4-L5 herniation and foraminal stenosis, and C6-C7, C7-T1, and T1-T2 disc protrusions, right greater than left. Treatment to date has included diagnostic studies, medications, status post decompression at T11-T12 on 10/09/2013, Botox injections, physical therapy. On 06/04/2015 a report of a Magnetic Resonance Imaging of the thoracic spine revealed persistent right and central cord dislocations at T4-T5, T5-T6, and T6-T7. A lumbar spine Magnetic Resonance Imaging done on 06/04/2015 revealed multilevel degenerative changes within the thoracic and lumbar spine. There are varying degrees of disc protrusion and extrusion as resultant central spinal and neural foraminal stenosis, and post-surgical changes at T11-T12. An unofficial report of a cervical Magnetic Resonance Imaging done on 06/04/2015 revealed disc protrusion from C6 through T2. A physician progress note dated 06/16/2015 documents the injured worker continues to suffer from mid-thoracic disc disease. He has had emergency T11-T12 dorsal laminectomy and discectomy for disc extrusion and he still has a persistent mid thoracic disc osteophyte complex to the right of midline occupying his canal at T4-T5, T5-T6 and T6-T7. On examination today there is sensory loss at T10-T11 to touch below the umbilicus. There is some hypersensitivity in the T4-T5 region to the T8-T9 region which causes reflex contraction of

superficial muscles or hypersensitivity. Motor shows complete 0-5 loss below T10-T11 for motor. Right shoulder, biceps, triceps and hand grip intrinsic show weakness right greater than left. The biceps are 1-2, Triceps 1-2, Brachioradialis are trace, and knee and ankle reflexes are absent. The treatment plan includes the possibility of endoscopic thoracoscopic of TLIF or XLIF type approach for treatment of the right mid thoracic T4-F5, T5-T6, and T6-T7 disc disease and osteophytes which may if progressed may cause the patient to lose respiratory functional and require ventilated support. Treatment requested is for MRI without contrast, cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast, cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Cervical and Thoracic Spine Disorders, electronically cited.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179.

Decision rationale: The requested MRI without contrast, cervical spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option."The treating physician has documented a cervical Magnetic Resonance Imaging done on 06/04/2015 revealed disc protrusion from C6 through T2. A physician progress note dated 06/16/2015 documents the injured worker continues to suffer from mid-thoracic disc disease. He has had emergency T11-T12 dorsal laminectomy and discectomy for disc extrusion and he still has a persistent mid thoracic disc osteophyte complex to the right of midline occupying his canal at T4-T5, T5-T6 and T6-T7. On examination today there is sensory loss at T10-T11 to touch below the umbilicus. There is some hypersensitivity in the T4-T5 region to the T8-T9 region which causes reflex contraction of superficial muscles or hypersensitivity. Motor shows complete 0-5 loss below T10-T11 for motor. Right shoulder, biceps, triceps and hand grip intrinsic show weakness right greater than left. The biceps are 1-2, Triceps 1-2, Brachioradialis are trace, and knee and ankle reflexes are absent. The treating physician has not documented evidence of an acute clinical change since a previous cervical MRI. The criteria noted above not having been met, MRI without contrast, cervical spine is not medically necessary.