MAXIMUS Federal Services

Case Number:	CM15-0138775		
Date Assigned:	07/28/2015	Date of Injury:	10/26/2012
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
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: 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 44-year-old who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of October 26, 2012. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for thoracic MRI imaging. A June 3, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On August 13, 2014, the applicant underwent a left scapular non-union repair with ORIF and bone grafting from iliac crest in the preoperative diagnosis of left scapular nonunion. On June 5, 2015, the applicant consulted a physiatrist reporting ongoing complaints of low back pain radiating to the left leg. The applicant was described as having earlier developed pneumothorax, left scapular fracture, multiple rib fractures, and multiple thoracic fractures. The applicant had comorbid COPD, it was reported. The applicant had a lengthy history of smoking, but had reportedly ceased the same, it was suggested. Tenderness about the C5-C6 cervical spinous processes was appreciated. Upper extremity strength was scored at 5/5 in the bulk of the muscle groups tested with the exception of wrist extensors, subscapularis, infraspinatus, and trapezius musculature. Lumbar MRI imaging, thoracic MRI imaging, cervical MRI imaging, and electrodiagnostic testing of bilateral lower extremities, oxycodone, and a rather proscriptive 10-pound lifting limitation were endorsed. The requesting provider was a pain management physician, it was suggested. It was not stated how the proposed thoracic MRI would influence or alter the treatment plan. The attending provider stated that the applicant could potentially have nerve root impingement on multiple levels, including C6, T5, T6, and/or L5-S1. Neurontin was also endorsed.

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, MRI's (magnetic resonance imaging).

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

Decision rationale: No, the proposed thoracic MRI 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 with neck and/or upper back to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, there was no mention of the applicant considering or contemplating any kind invasive procedure on the June 3, 2015 office visit at issue. The requesting provider was a pain management physician (as opposed to a spine surgeon), significantly reducing the likelihood of the applicant's acting on the results of the study in question and/or going on to consider surgical intervention based on the outcome of the same. The attending provider did not state how the proposed thoracic MRI would influence or alter the treatment plan. The multifocal nature of the applicant's pain complaints, which reportedly include the neck, midback, low back, ribs, etc., also argued against any focal nerve root compromise referable to the thoracic spine. Therefore, the request was not medically necessary.