

Case Number:	CM15-0141191		
Date Assigned:	08/05/2015	Date of Injury:	09/29/2009
Decision Date:	09/23/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/21/2015

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: North Carolina

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:

The injured worker is a 50 year old male, who sustained an industrial injury on 9-29-2009. The mechanism of injury was cumulative trauma. The injured worker was diagnosed as having cervical 3-5 disc herniation with neural foraminal narrowing, cervical radiculopathy, right shoulder-elbow-wrist arthralgia, chronic low back pain, lumbar radiculopathy, lumbar 4-5 herniated nucleus pulposus with stenosis, cervical myofascial pain, left sacroiliitis and thoracic spine pain. There is no record of a recent diagnostic study. Treatment to date has included sacroiliac joint injection, TENS (transcutaneous electrical nerve stimulation), cervical trigger point injections, acupuncture, chiropractic care, water exercises, cervical epidural steroid injection, knee braces, right upper extremity surgeries, physical therapy and medication management. In a progress note dated 5-21-2015, the injured worker complains of neck pain rated 7-8 out of 10 with radiation to the bilateral upper extremities with headaches, low back pain rated 7-8 out of 10 with shoulder pain and bilateral knee pain rated 7-8 out of 10. Physical examination showed decreased cervical, thoracic and lumbar range of motion, bilateral sacroiliac joint tenderness and left knee tenderness. The treating physician is requesting a magnetic resonance imaging 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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back & Lumbar & Thoracic, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the back as outlined above per the ACOEM. There was no emergence of red flag. The back pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for a MRI of the back and the request is not medically necessary.