

Case Number:	CM15-0186401		
Date Assigned:	09/28/2015	Date of Injury:	06/25/2012
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/22/2015

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 [REDACTED] beneficiary who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of June 25, 2012. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve a request for MRI imaging of the thoracic spine. An August 19, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On August 19, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was reportedly working with restrictions in place, the treating provider contended. The applicant had undergone earlier lumbar spine surgery and earlier cervical epidural steroid injection therapy, it was reported. The applicant was on Norco and Norflex, it was reported. The applicant did report numbness about the bilateral upper extremities, right greater than left. The applicant was periodically dropping objects. Complaints of low back pain radiating to the bilateral legs was also reported, left greater than right. A cervical epidural steroid injection was sought. The applicant was asked to consider cervical spine surgery. Norco was renewed, as was the applicant's permanent work restrictions. The attending provider sought authorization for MRI imaging of the thoracic spine, although no mention of pain complaints emanating from the same. On an RFA form dated August 24, 2015, authorization for a C6-C7 cervical fusion procedure was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the thoracic spine: 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-TWC) Neck and Upper Back (Acute & Chronic) updated 6/25/2015.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for 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 cervical spine to help validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. Here, however, progress notes of August 19, 2015 and August 24, 2015 made no mention of the applicant's having pain complaints emanating from the thoracic spine. The applicant's primary pain generator, the treating provider reported on those dates, was the cervical spine. The applicant had undergone earlier lumbar spine surgery, it was reported. However, neither progress note made any mention of the applicant's having pain complaints associated with the thoracic spine. There was no mention of the applicant considering any kind of thoracic spine surgery on or around date(s) in question. It was not stated how (or if) the proposed thoracic MRI would influence or alter the treatment plan. Therefore, the request was not medically necessary.