

Case Number:	CM15-0199803		
Date Assigned:	10/15/2015	Date of Injury:	03/18/2015
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

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, Illinois

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 injured worker is a 57 year old male, who sustained an industrial injury on 03-18-2015. A review of the medical records indicates that the worker is undergoing treatment for cervical, thoracic and lumbar strain with degenerative disc disease, rule out cervical and lumbar radiculopathy, rule out bilateral carpal tunnel syndrome and ulnar nerve entrapment neuropathy and bilateral shoulder subacromial impingement syndrome. MRI of the lumbar spine on 04-29-2015 showed disc bulges, foraminal narrowing, facet hypertrophy and central stenosis. MRI of the cervical spine on 05-14-2015 showed disc bulges, osteophytes and bilateral foraminal narrowing. Subjective complaints (05-26-2015) include moderate to severe neck, back and hip pain, bilateral shoulder and right hand pain. Back pain was noted to radiate through the hip, buttocks and legs with associated numbness and tingling and occasional spasms. Neck pain was noted to radiate through the head, shoulders and arms with tension and stiffness also noted. Objective findings of the thoracic spine were notable for decreased range of motion. The physician noted that the injured worker had already had MRI scans of the neck and back which did not need to be repeated, but that the injured worker did have significant pain in the thoracic spine and that authorization was being requested for MRI of the thoracic spine. Subjective complaints (07-28-2015) include increasing low back, neck and right hand pain that was rated as 8-9 out of 10. Objective findings (07-28-2015) of the thoracic spine showed decreased range of motion. Diminished sensation to light touch in both hands was also noted. The physician noted that a request for MRI of the thoracic spine was pending. Treatment has included pain

medication, lumbar brace, heat therapy and physical therapy. A utilization review dated 09-28-2015 non-certified MRI of thoracic.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The injured worker sustained a work related injury on 03-18-2015. The medical records provided indicate the diagnosis of cervical, thoracic and lumbar strain with degenerative disc disease, rule out cervical and lumbar radiculopathy, rule out bilateral carpal tunnel syndrome and ulnar nerve entrapment neuropathy and bilateral shoulder subacromial impingement syndrome. Treatments have included physical therapy, heat therapy and back brace. The medical records provided for review do not indicate a medical necessity for MRI of thoracic. There was no evidence of thoracic neurological deficit in the medical records. The MTUS is silent on thoracic MRI, but the Neck and upper back chapter does not recommend MRI except there when there is emergence of a red flag; or Physiologic evidence of tissue insult or neurologic dysfunction; or Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Although the injured worker has had physical therapy, there is no indication the MRI is being because the injured worker is a surgical candidate or that it is needed to clarify anatomy for a procedure. The request is not medically necessary. The Official Disability Guidelines also reserves MRI for cases with upper back/thoracic spine trauma with neurological deficit.