

Case Number:	CM15-0206264		
Date Assigned:	10/23/2015	Date of Injury:	07/09/2014
Decision Date:	12/10/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/20/2015

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 42-year-old who has filed a claim for chronic neck, low back, and mid back pain reportedly associated with an industrial injury of July 9, 2014. In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve a request for thoracic MRI imaging. The claims administrator referenced an August 5, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 5, 2015 office visit, the applicant reported ongoing complaints of mid and low back pain, reportedly unchanged. The applicant was having spasms about the paravertebral musculature. The applicant's neurologic exam was unchanged. Thoracic MRI imaging was sought. The applicant was given rather proscriptive 30-pound lifting limitation. There was no mention of how (or if) the proposed thoracic MRI would influence or alter the treatment plan.

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 Low Back Complaints 2004.

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 neck and/or upper back (AKA thoracic spine) to evaluate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, the applicant's presentation on August 5, 2015 was not seemingly suggestive or evocative of any nerve root compromise referable to the thoracic spine. The applicant was described as having paravertebral muscle spasms present on that date, arguing against the presence of any focal nerve root compromise referable to the thoracic spine. There was no mention of the applicant's actively considering or contemplating any kind of surgical interventions involving the thoracic spine based on the outcome of the study in question. The attending provider's commentary of August 5, 2015 was thinly and sparsely developed and failed to state how (or if) said thoracic MRI would influence or alter the treatment plan. Therefore, the request was not medically necessary.