

Case Number:	CM15-0217547		
Date Assigned:	11/09/2015	Date of Injury:	09/03/1992
Decision Date:	12/28/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/04/2015

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 low back and neck pain reportedly associated with an industrial injury of September 3, 1992. In a Utilization Review report dated October 20, 2015, the claims administrator failed to approve a request for MRI imaging of the thoracic spine. The claims administrator referenced an October 12, 2015 office visit and an associated October 22, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On October 5, 2015, the applicant reported ongoing issues with low back pain radiating to the left thigh. The applicant also reported ancillary complaints of neck pain. The applicant had undergone earlier lumbar laminectomy and lumbar fusion surgery, the treating provider noted, as well as a prior shoulder surgery. Well-preserved, 5/5 lower extremity motor function was appreciated, along with normal muscle tone about the bilateral upper extremities. The applicant did exhibit an antalgic gait. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place. The treating provider suggested that the applicant undergo thoracic spine MRI imaging to evaluate for possible pathology involving the thoracic spine. The requesting provider was a physiatrist, it was reported. It was not clearly stated how said thoracic MRI imaging would influence or alter the treatment plan. The applicant exhibited parathoracic and paralumbar muscular tenderness, the treating provider reported.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

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 to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, the request in question was initiated on October 5, 2015 by a physician assistant associated with a pain management practice (as opposed to a spine surgeon or neurosurgeon), 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. There was, in short, neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. The applicant's presentation, moreover, was neither suggestive nor evocative of nerve root compromise referable to thoracic spine. It appeared that the treating provider was academically searching for thoracic pathology in an effort to explain the applicant's paraspinal muscular tenderness. Therefore, the request was not medically necessary.