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| Case Number: | CM15-0030567 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 01/30/2006 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 01/12/2015 |
| Priority: | Standard | Application Received: | 02/18/2015 |

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: California

Certification(s)/Specialty: Internal 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 55 year old male, who sustained an industrial injury on January 30, 2006. He has reported mid back pain, lower back pain, neck pain, bilateral shoulder pain and bilateral leg pain. The diagnoses have included right shoulder impingement syndrome, cervical spine disc displacement, thoracic spine disc displacement, lumbar spine radiculopathy, cervical spine radiculopathy, and degenerative disc disease of the cervical, thoracic and lumbar spine. Treatment to date has included medications, physical therapy, acupuncture and imaging studies. A progress note dated November 19, 2014 indicates a chief complaint of continued back pain, shoulder pain and leg pain. Physical examination showed decreased deep tendon reflexes of the right arm, tenderness to palpation of the thoracic spine, tenderness to palpation of the lumbar spine with decreased range of motion, and antalgic gait, and decreased strength of the bilateral arms. The treating physician is requesting a magnetic resonance imaging of the thoracic spine. On January 12, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines, and Official Disability Guidelines. On February 18, 2015, the injured worker submitted an application for IMR of a request for 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 Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, 181-183.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses thoracic spine MRI magnetic resonance imaging. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints states that reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results). Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that radiography are the initial studies when red flags for fracture, or neurologic deficit associated with acute trauma, tumor, or infection are present. MRI may be recommended to evaluate red-flag diagnoses. Imaging is not recommended in the absence of red flags. MRI may be recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. MRI magnetic resonance imaging of the thoracic spine dated 04-14-2011 demonstrated degenerative disc disease. The primary treating physician's progress report dated 1/14/15 documented that the thoracic examination demonstrated tender paraspinals. No neurologic deficits associated with the thoracic spine were documented. No new thoracic spine injury was documented. An updated thoracic MRI magnetic resonance imaging was requested. The 4/14/11 MRI was not specifically discussed. The 1/14/15 progress report and MTUS and ACOEM guidelines do not support the request for a repeat thoracic spine MRI magnetic resonance imaging. Therefore, the request for MRI of the thoracic spine is not medically necessary.