

Case Number:	CM15-0060804		
Date Assigned:	04/07/2015	Date of Injury:	08/03/2011
Decision Date:	05/06/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/31/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 42 year old male who sustained an industrial injury on 8/3/2011. His diagnoses, and/or impressions, include: brachial neuritis; lumbosacral disc bulge with bilateral radicular pain; post-traumatic stress disorder; severe reactive depression with psychotic features and somatoform disorder; major depressive disorder and anxiety disorder. Recent x-rays of the lumbar spine are noted on 3/11/2015, and noting muscular spasms. Recent brain magnetic resonance imaging is noted to have been done on 9/25/2014. His treatments have included electrodiagnostic studies on 9/24/2013 & 3/3/2015, which were negative; 2 physical therapy sessions, stopped due to pain intolerance; the use of a cane (causing left arm pain) so then use of wheelchair outside the home; psychological evaluation (2/24/14); and medication management. The history notes a congenital cervical spine condition that was surgically corrected approximately 20 years ago, ongoing treatment for low back pain and gastrointestinal illness at age 20, and untreated chest pain with difficulty breathing and dizzy spells. The progress notes of 1/7/2015, shows complaints of no change in his severe, chronic lower back pain and radiating leg pain, and is requesting spinal surgery. Also noted was a complaint of bilateral knee weakness and developing arm problems with noted left arm tremor. No medical records provided noted the physician's requests for treatments that included a magnetic resonance imaging study of the chest and spine, without dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of 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) Treatment Index, 13th Edition (web), 2015, Head Chapter, MRI; Neck and Upper Back Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and upper back- MRI.

Decision rationale: MRI of the thoracic spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The ODG states that an MRI can be ordered with progressive neurologic deficits and radiographs revealing spondylosis, equivocal or positive findings, or trauma or if the patient has chronic neck pain and the radiographs reveal disc margin destruction. The documentation does not indicate evidence of red flag findings or progressive neurological deficits or a clear rationale for the thoracic MRI therefore this request is not medically necessary.