

Case Number:	CM15-0082502		
Date Assigned:	05/04/2015	Date of Injury:	03/06/2013
Decision Date:	06/12/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/29/2015

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: Family Practice

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 41 year old male, who sustained an industrial injury on March 6, 2013. He reported neck pain, headache, dizziness, right shoulder and low back pain after falling 6 feet and losing consciousness when trying to move a sofa. The injured worker was diagnosed as having residual lumbar pain without radiculopathy, carpal tunnel syndrome and shoulder tendinosis. Treatment to date has included diagnostic studies, radiographic imaging, physical therapy, lumbar epidural steroid injection (LESI), medications and work restrictions. Currently, the injured worker complains of headache, dizziness, insomnia secondary to pain, neck pain, mid and low back pain and bilateral shoulder pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on October 23, 2014, revealed continued complaints as noted. It was reported he did not have improvement with physical therapy however a significant improvement was noted with the LESI. Evaluation on January 23, 2015, revealed continued complaints of dizziness and headaches and neck pain now radiating into bilateral upper extremities with associated tingling and numbness in the hands. Evaluation on February 11, 2015, revealed an improvement in pain with recent injection, no lower extremity symptoms and residual left and right shoulder pain. He was scheduled for carpal tunnel release. Magnetic resonance imaging of the thoracic and lumbar spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Cervical 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), Neck and Upper Back, Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: This patient receives treatment for chronic pain due to a work-related injury on 03/06/2013. This is related to a fall while on the job. The medical diagnoses include low back pain, neck pain, and carpal tunnel syndrome. This review addresses a request for an MRI of the cervical spine. The clinical exam neurological examination does not show evidence of a specific nerve dysfunction or a peripheral neuropathy. In addition, there is no report of any new neck injury, suspicion of metastatic disease or primary malignancy in this region, nor any mention of suspected inflammatory or infectious disease of the cervical spine or neck. These would be considered "red flag" conditions. The documentation does not clearly state how the patient responded to conservative care, and why this imaging is medically necessary. Given the lack of any indication to perform a cervical MRI, it is not medically necessary.

MRI 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), Neck and Upper Back, Magnetic resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: This patient receives treatment for chronic pain due to a work-related injury on 03/06/2013. This is related to a fall while on the job. The medical diagnoses include low back pain, neck pain, and carpal tunnel syndrome. This review addresses a request for an MRI of the thoracic spine. The guidelines address the criteria for MRI imaging of the thoracic spine. There must be evidence of a true radiculopathy or other clinical "red flags." On physical exam there was no radiculopathy and conservative measures were ongoing. The documentation does not mention concerns about primary or malignant disease of the thoracic spine, inflammation of the discs, new trauma to this region, nor imaging prior to a surgical event. The documentation does not make clear how the patient has responded to conservative care, and why, exactly, this imaging is necessary. Based on the documentation, an MRI of the thoracic spine is not medically necessary.