

Case Number:	CM15-0085437		
Date Assigned:	05/12/2015	Date of Injury:	06/24/2014
Decision Date:	06/19/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/04/2015

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: New Jersey

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 49 year old male, who sustained an industrial injury on June 24, 2014. The injured worker was diagnosed as having cervical and lumbar disc displacement, lumbar/lumbosacral degenerative disc, lumbago, neck pain, lumbar stenosis, radiculitis and pain in thoracic spine. Treatment and diagnostic studies to date have included medication and pool therapy. A progress note dated April 20, 2015 provides the injured worker complains of chronic pain increased in the back causing shortness of breath and increased depression due to pain. He also has neck pain and radiating pain with numbness and tingling in arms and legs. He rates pain 5/10 with medication and 9/10 without medication. Physical exam notes normal respirations and thoracic tenderness on palpation. The plan includes thoracic magnetic resonance imaging (MRI), medication and medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic MRI without contrast Qty 1: Upheld

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

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

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was an MRI of the thoracic spine performed about 6 months prior to this request which showed no sign of neurological impingement which might have caused the pain reported, which was likely related to the bony abnormality seen on X-ray (T-11). Upon review of the more recent notes, there was insufficient evidence to suggest a change in the worker's reported symptoms or physical findings which would have warranted a repeat MRI, which would likely be normal if repeated. Therefore, the request for MRI thoracic spine is not medically necessary at this time.