

Case Number:	CM14-0112686		
Date Assigned:	08/01/2014	Date of Injury:	08/16/2013
Decision Date:	10/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 57 year-old with a date of injury of 08/16/13. A brief progress report associated with the request for services, dated 06/11/14, identified subjective complaints of increased pain (site unspecified). Objective findings were not documented. Diagnoses (paraphrased) included cervical and lumbar stenosis; and right shoulder adhesive capsulitis. Treatment had included oral analgesics. A Utilization Review determination was rendered on 06/18/14 recommending non-certification of "MRI 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 of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 6/10/14): MRIs (magnetic resonance imaging): indications for imaging - Magnetic resonance imaging

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, MRI

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines states that for nerve root compression, no diagnostic studies are indicated for 4-6 weeks in the absence of progressive motor weakness. The criteria for ordering special studies such as an Magnetic Resonance Imaging (MRI) are listed as:- Emergence of a red flag;- Physiologic evidence of tissue insult or neurologic dysfunction;- Failure to progress in a strengthening program intended to avoid surgery;- Clarification of the anatomy prior to an invasive procedure. Additionally, recent evidence indicates annular tears may be missed on MRIs as well as a 30% false-positive rate in patients without symptoms and under the age of 30. The Official Disability Guidelines (ODG) state that an MRI of the neck or upper back is recommended with certain indications. These include:- Chronic pain (= after 3 months conservative treatment), radiographs normal, neurological signs or symptoms present;- Neck pain with radiculopathy if severe or progressive neurologic deficit;- Chronic pain, radiographs show spondylosis, neurological signs or symptoms present;- Chronic pain, radiographs show old trauma, neurologic signs or symptoms present;- Chronic pain, radiographs show bone or disc margin destruction;- Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal";- Known cervical spine trauma: equivocal or positive plain films with neurological deficit;- Upper back/thoracic trauma spine trauma with neurological deficit. In this case, there is no indication in the record of any of the above abnormalities or other indications for an MRI and therefore no documented medical necessity for the study.