

Case Number:	CM14-0135820		
Date Assigned:	08/29/2014	Date of Injury:	11/28/2007
Decision Date:	09/29/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	08/22/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 40-year-old male with an 11/28/07 date of injury. At the time (6/26/14) of request for authorization for MRI of the thoracic spine, there is documentation of subjective (upper and lower back pain rated 4-9/10 without medications, and frequent pain and numbness in bilateral lower and upper extremities) and objective (range of motion of thoracic spine slightly-to-moderately restricted in all planes, lumbar range of motion moderately restricted in all planes, multiple myofascial trigger points and taut bands throughout cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus muscles, thoracic and lumbar paraspinal musculature, and gluteal muscles, neck compression test positive, ambulating with cane, sensation to fine touch and pinprick decreased in almost all digits of both hands and lateral aspect of left calf area, grip strength decreased in right and left hand at +1/5, and brachioradialis and bicep jerks both absent bilaterally) findings, current diagnoses (chronic myofascial pain syndrome, cervical and thoracolumbar spine, moderate right carpal tunnel syndrome, and numbness and weakness of left leg, most likely due to lumbosacral radiculopathy), and treatment to date (trigger point injections, medications (including ongoing treatment with Norco), lumbar epidural steroid injections, and home exercise program). There is no documentation of red flag diagnoses where plain film radiographs are negative, objective findings that identify specific nerve compromise on the neurologic examination, who are considered for surgery, and a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated.

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 Page(s): 177-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Magnetic Resonance Imaging (MRI).

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of an MRI. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (Thoracic spine trauma: with neurological deficit), as criteria necessary to support the medical necessity of a Thoracic MRI. Within the medical information available for review, there is documentation of diagnoses of chronic myofascial pain syndrome, cervical and thoracolumbar spine, moderate right carpal tunnel syndrome, and numbness and weakness of left leg, most likely due to lumbosacral radiculopathy. In addition, there is documentation of failure of conservative treatment. However, there is no documentation of red flag diagnoses where plain film radiographs are negative and who are considered for surgery. In addition, despite nonspecific documentation of subjective (upper and lower back pain with frequent pain and numbness in bilateral lower and upper extremities) and objective (range of motion of thoracic spine slightly-to-moderately restricted in all planes, sensation to fine touch and pinprick decreased in almost all digits of both hands and lateral aspect of left calf area, grip strength decreased in right and left hand at +1/5, and brachioradialis and bicep jerks both absent bilaterally) findings, there is no documentation of objective findings that identify specific nerve compromise on the neurologic examination. Furthermore, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (Thoracic spine trauma: with neurological deficit). Therefore, based on guidelines and a review of the evidence, the request for MRI of the thoracic spine is not medically necessary.