

Case Number:	CM14-0094213		
Date Assigned:	07/25/2014	Date of Injury:	10/06/2010
Decision Date:	09/19/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The injured worker is a 40-year-old female who was reportedly injured on October 6, 2010. The mechanism of injury is feeling a pop in the left wrist while working on an assembly line. The most recent progress note dated January 23, 2014, indicates that there are ongoing complaints of left shoulder pain, left Temporomandibular joint pain, low back pain, and neck pain radiating to the left upper extremity. Current medications include Neurontin, Norco, Xanax, vitamin D, iron supplements, and a thyroid medication. The physical examination demonstrated decreased sensation at the left trigeminal nerve. There was hypoesthesia of the left hand and decreased sensation of the bilateral outer thighs and the dorsum of both feet. No left wrist motion was noted. Diagnostic nerve conduction studies of the left upper extremity indicated reflex sympathetic dystrophy. A magnetic resonance image of the left shoulder revealed supraspinatus tendinosis, labral degeneration, and acromioclavicular joint arthrosis. A magnetic resonance image (MRI) of the left wrist revealed mild degenerative disease at the first carpal metacarpal joint and extensor tendon tenosynovitis. Previous treatment includes a left arm radial nerve decompression and physical therapy. A request was made for an MRI of the thoracic spine and was not medically necessary and appropriate in the pre-authorization process on May 22, 2014.

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 Tesla 3.0 Anatomical Rating: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation 18th Edition, 2013 Updates, Chapter: Neck and Upper Back; Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: The Expert Reviewer 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, Updated August 4, 2014.

Decision rationale: According to the medical record there is no documentation regarding any neurological deficit related to the thoracic spine. Considering this, this request for the thoracic spine magnetic resonance image is not medically necessary.