

Case Number:	CM14-0212483		
Date Assigned:	01/02/2015	Date of Injury:	02/07/2013
Decision Date:	02/19/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 29-year-old man with a date of injury of February 7, 2013. The mechanism of injury occurred while working as a driver/messenger. He was carrying a bag of coins to the truck, and felt pain in his right shoulder. The injured worker's working diagnoses are industrial injury, right shoulder are; EMG/NCV evidence of brachial plexus abnormality; and thoracic complaint. Pursuant to the October 29, 2014 progress note. The IW reports he can't lift his arm up past 80 degrees, and it is hard sleep. He also reports right shoulder pain with range of motion. He rates his pain 9/10. The IW has tried Gabapentin with no benefit. He has had 30 physical therapy sessions with no benefit. He tried a TENS with no benefit. He has tried one epidural steroid injection with no benefit. Examination of the thoracic spine is benign. There is no winging of the scapula. There are no spasms. Sensory is entirely intact. There is no clonus or Babinski. The IW had an MRI of the thoracic spine dated June 3, 2013, which revealed unremarkable findings. There was no posterior disc pathology, spinal canal pathology, or neural foramina narrowing. The treating physician is recommending a repeat MRI of the thoracic spine with and without contrast for definitive disposition. The current request is for 3T MRI thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

3T MRI of Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, MRI

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, 3T MRI thoracic spine is not medically necessary. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The Official Disability Guidelines enumerate the indications for magnetic resonance imaging. An MRI of the thoracic spine is indicated with neurologic deficit. In this case, the injured worker's working diagnoses are industrial injury right shoulder February 7, 2013; EMG/and see the evidence of brachial plexus abnormality; thoracic complaint. An MRI of the thoracic spine is indicated with neurologic deficit and/or objective findings and specific nerve compromise on neurologic evaluation (according to the guidelines). An October 29, 2014 progress note indicates examination of the thoracic spine is benign. There is no winging of the scapula. The injured worker had an MRI performed June 3 of 2013 that was unremarkable. An MRI of the thoracic spine is not clinically indicated. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. The documentation does not contain a significant change in symptoms and there are no objective findings suggestive of significant pathology. Consequently, absent clinical documentation to support the need for an MRI thoracic spine, significant new symptoms and/or significant objective findings, 3T MRI thoracic spine is not medically necessary.