

Case Number:	CM14-0214175		
Date Assigned:	01/07/2015	Date of Injury:	08/27/2012
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, mid back, and shoulder pain reportedly associated with an industrial injury of August 27, 2012. In a Utilization Review Report dated November 26, 2014, the claims administrator failed to approve a request for thoracic MRI imaging. The applicant's attorney subsequently appealed. The thoracic MRI imaging at issue was endorsed via a handwritten RFA form dated October 22, 2014. Little-to-no narrative commentary was attached. In an associated progress note dated October 26, 2014, the applicant's treating provider, a chiropractor, stated that she was ordering MRI imaging of the thoracic spine, lumbar spine, and right shoulder, along with electrodiagnostic testing of the bilateral lower extremities. No subjective complaints or objective findings were attached. The treating provider stated that applicant follow up in four weeks' time to obtain test result.

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): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the neck and/or upper back is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed thoracic MRI and/or consider surgical intervention based on the outcome of the same. The fact that thoracic MRI imaging, lumbar MRI imaging, and shoulder MRI imaging were concurrently sought significantly diminished the likelihood of the applicant's acting on the results of any one study and/or consider surgical intervention based on the outcome of the same. The requesting provider, furthermore, was a chiropractor (DC), not a spine surgeon, further diminishing the likelihood that the applicant was acting on the results of the study and/or considering any kind of surgical intervention based on the outcome of the same. Finally, the requesting provider did not attach any narrative commentary to her October 22, 2014 progress note and RFA form which would help to augment the request. Therefore, the request for MRI is not medically necessary.