

Case Number:	CM15-0011618		
Date Assigned:	01/28/2015	Date of Injury:	01/07/2008
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/20/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 43 year old male, who sustained an industrial injury on January 7, 2008. The diagnoses have included cervical spine strain, thoracic spine strain, lumbar spine strain with radiculopathy, right forearm strain, left forearm strain, right carpal tunnel syndrome, left carpal tunnel syndrome, right knee strain, left knee strain, and left foot strain. The treatments to date were not included in the documentation supplied. Currently, the injured worker complains of pain in the neck, upper and lower back, bilateral upper extremities, bilateral knees, and the left foot. The Primary Treating Physician's report dated December 10, 2014, noted light touch sensation of the right lateral shoulder right thumb tip, right long tip, and right small tip were intact. On December 31, 2014, Utilization Review non-certified a Magnetic Resonance Imaging (MRI) to the Thoracic Spine, noting the clinical findings did not appear to support the medical necessity of the treatment requested. The UR Physician's determination findings were not included in the provided documentation. The MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines were noted to be the guidelines used. On January 20, 2015, the injured worker submitted an application for IMR for review of Magnetic Resonance Imaging (MRI) to the Thoracic Spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) to the Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In the medical records available for my review, the examination of the thoracic spine, and lower extremity neurological exam, are both non-focal and non-remarkable. As such, medical necessity for an MRI of the thoracic spine cannot be affirmed.