

Case Number:	CM15-0173182		
Date Assigned:	09/15/2015	Date of Injury:	10/27/2014
Decision Date:	10/15/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/02/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 58 year old female who sustained an industrial injury on 10-27-2014. The injured worker was diagnosed as having: Thoracic spine sprain and strain -rule out herniated nucleus pulposus, Lumbar disc disease, Lumbar spine radiculopathy, and Left knee pain. Treatment to date has included acupuncture and medications. In the provider notes of 07-10-2015 the IW complains of multiple areas of pain that are rated on a scale of 0-10. She complains of: constant cervical spine pain rated as a 6, thoracic spine pain rated as a 7, and constant lumbar spine pain rated as a 9. Additionally, the IW complains of intermittent left shoulder pain rated as a 5 and bilateral knee pain with the right knee rated as a 10 on a scale of 0-10 and the left knee rated as a 4 on a scale of 0-10. The IW also complained of insomnia. Her pain is improved with medications, therapy, rest, and is worsened with activities of daily living. Her medications include Prilosec, Tylenol 3 and a topical compounded medication. On exam, the worker had tenderness and spasm over the thoracic paraspinals T5-T8 and was in moderate to severe distress. The treatment plan included MRI of the thoracic spine, acupuncture, functional improvement measures, localized intensive neurostimulation treatment and neuromuscular diagnostic treatment, psychological follow up, and extracorporeal shockwave therapy. The handwritten notes are difficult to read. Her last MRI was of the lumbar spine on 02-10-2015 and showed mild degenerative disk and facet joint disease. There was 2mm of diffuse broad-based disk bulging along with mild ligamentum flavum redundancy at the L4-L5 level, and a 2mm broad based central disc bulge at the L5-S1 level. The worker is temporarily totally disabled. A request for authorization was submitted for MRI of the thoracic spine. A utilization review decision (08-18-2015) non-certified the request.

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 Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the thoracic spine as outlined above per the ACOEM. There was no emergence of red flag. The pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for a MRI of the thoracic spine and the request is not medically necessary.