

Case Number:	CM15-0177348		
Date Assigned:	09/18/2015	Date of Injury:	06/28/2014
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/09/2015

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, Massachusetts

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 injured worker is a 30 year old female, who sustained an industrial injury on 6-28-2014. The injured worker was diagnosed as having cervical disc protrusion, cord compression, and thoracic strain. Treatment to date has included diagnostics and medications. Currently (8-28-2015), the injured worker complains of headaches, neck pain, a "lump" in her throat, low back pain, burning in her hands and feet, and her hands falling asleep. She reported that pain was constant and intermittently worse, and has been present for 11 months. Average pain was rated 2-4 out of 10, 7 of 10 at worst, and 2-4 of 10 with medications. Medications included Aspirin and Omeprazole. Exam of the thoracic spine noted "negative" incisions, tenderness, scoliosis, and kyphosis. Muscle strength was 5 out of 5 in all extremities and sensation was intact to all dermatomes in the upper and lower extremities. Magnetic resonance imaging of the lumbar spine was "negative for disc herniation, fracture, spinal stenosis or nerve compression". Magnetic resonance imaging of the cervical spine revealed "loss of cervical lordosis" and "3mm C4-5 disc protrusion with compression of the spinal canal and positive T2 signal intensity in the cord at the C5 vertebral body level". Consideration for a C4-5 anterior cervical discectomy with interbody fusion was recommended. Current work status was not documented. Per the request for authorization dated 8-31-2015, the treatment plan included magnetic resonance imaging of the thoracic spine without contrast, non-certified by Utilization Review on 9-02-2015.

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 without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for imaging.

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

Decision rationale: MRI of the spine is recommended when there are neurological findings that would indicate nerve involvement at a specific spinal level. According to the clinical record the IW has neurological symptoms in the hands and feet as well as chronic lower back pain. These symptoms are not explained by pathology at the thoracic spinal levels. On physical exam there is no evidence of thoracic spine involvement. As such the requested MRI of the thoracic spine is not clinically necessary at this time.