

Case Number:	CM15-0076264		
Date Assigned:	04/27/2015	Date of Injury:	05/29/2013
Decision Date:	05/22/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/21/2015

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: New Jersey

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 is a 56 year old male, who sustained an industrial injury on 5/29/13. The injured worker has complaints of constant pain in neck, back and shoulder. The diagnoses have included cervical myalgia; cervical myospasm; cervicgia; right carpal tunnel syndrome and status post right carpal tunnel release in April 2014. Treatment to date has included physical therapy; cortisone injections; surgery on 4/15/14; magnetic resonance imaging (MRI) and X-rays. The request was for magnetic resonance imaging (MRI) of the thoracic spine and neurosurgical consult.

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: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was insufficient supportive findings to suggest a thoracic MRI is warranted. It is not exactly clear in the documentation provided as to why this request was made. There was no subjective complaints or physical findings which showed a need to image the area. There was an incidental cystic lesion on the right of T4-5 neural foramen seen on the cervical MRI performed on 12/11/14, and the radiologist suggested a thoracic MRI, which may be why it was later requested. Considering a potentially significant lesion which may need to be elucidated is present in the thoracic area, the follow-up thoracic MRI is medically necessary.

Neurosurgical Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Independent Medical Examinations and Consultations, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 127, 179-180.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. The MTUS ACOEM Guidelines also state that in order to warrant consideration of a neurosurgical consultation the following criteria need to have been met: 1. Persistent, severe, and disabling shoulder or arm symptoms, 2. Activity limitation for more than one month or with extreme progression of symptoms, 3. Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term, and 4. Unresolved radicular symptoms after receiving conservative treatment. In the case of this worker, there was insufficient information provided to help explain the purpose of this request. There was no explanation found in the notes as to which spinal area would be considered for surgery. However, there was insufficient physical findings to suggest any surgical procedure would be warranted. Therefore, the request for neurosurgical consultation is not medically necessary.