

Case Number:	CM15-0094732		
Date Assigned:	05/22/2015	Date of Injury:	04/03/2014
Decision Date:	08/31/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/15/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 59 year old female, who sustained an industrial injury on 4-3-14. The injured worker has complaints of neck pain with radiating to the upper back, left shoulder and left arm. The documentation noted limited range of motion of the lumbar spine with pain. The diagnoses have included left L4-L5 radiculopathy; moderate disc herniation C5-6; cervical moderate central stenosis C4-5 and C5-6 and large disc herniation at L4-L5 with left L5 root compression. Treatment to date has included electromyography/nerve conduction study of the left lower extremity, left L4-L5 radiculopathy; magnetic resonance imaging (MRI) revealed a large disc herniation and neurodiagnostic evidence of left L4-L5 radiculopathy; therapy and medications. The request was for magnetic resonance imaging (MRI) of the thoracic.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Thoracic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 177-178, 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, MRI.

Decision rationale: Regarding the request for thoracic MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Within the documentation available for review, there is no indication of any red flag diagnoses. Additionally there is no documentation of neurologic deficit or failure of conservative treatment for at least 3 months. In the absence of such documentation, the requested thoracic MRI is not medically necessary.