

Case Number:	CM14-0051125		
Date Assigned:	07/07/2014	Date of Injury:	05/11/2012
Decision Date:	09/01/2015	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/18/2014

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: 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 41 year old male, who sustained an industrial injury on 5-11-12. The injured worker has complaints of right shoulder pain. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy; disorder of bursa of shoulder region and degeneration of thoracic intervertebral disc. Treatment to date has included Cialis; cyclobenzaprine; ibuprofen; norco; electromyography of the right upper extremity showed a right C5-C6 and C7-C8 radiculopathy or brachial plexopathy and magnetic resonance imaging (MRI) showed annular tear at L3-L4 and L4-L5. The request was for magnetic resonance imaging (MRI) of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (MRI's) and Low Back- Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Magnetic Resonance Imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures. Other criteria for special studies include emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. In this case, the injured worker had a CT done on 12/17/12. There has been no change in signs or symptoms since that CT. A recent neurological exam found no compromise. The request for MRI thoracic spine is determined to not be medically necessary.