

Case Number:	CM13-0001967		
Date Assigned:	12/18/2013	Date of Injury:	01/23/2013
Decision Date:	02/27/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 32-year-old male with a date of injury in January 23, 2013. The patient had a lifting, twisting injury after carrying a ladder at work. He was diagnosed with chronic thoracic spine pain with degenerative changes. As of July 2, 2013 patient had nine chiropractic treatments without significant improvement. Patient is working full duty and can sleep without issue. His pain is anywhere from 1 to 8 out of 10. There is tenderness the palpation at T8 to T12 paraspinal muscles with most pain at T11 (report dated 7/2/13). Patient has had chiropractic treatment, physical therapy, home exercises, medications, and cold applications. The 7/2/13 note indicates the patient has had definite improvement with treatment. X-ray reports from April 2013 show mild generative changes. There is no indication there is any thoracic radiculopathy. The primary treating physician stated in the UR phone discussion that no other intervention is being considered.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast for Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 107.

Decision rationale: This patient is significantly improving with conservative treatment. There is no indication the patient has any red flags, neurological insult, failure to progress, or is pending an invasive procedure. Therefore, he does not meet criteria for imaging study of the thoracic spine.