

Case Number:	CM13-0011057		
Date Assigned:	09/24/2013	Date of Injury:	05/06/2013
Decision Date:	01/03/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/16/2013

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 Physical Medicine and Rehabilitation 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.

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 underlying date of injury in this case is 05/06/2013. The primary treating diagnosis is thoracic pain. This patient has reported diffuse entire spinal pain, though particularly in the cervical and upper spinal region. This patient also has a history of migraine headaches. No specific neurological deficit has been noted. The medical records discuss that the patient previously underwent MRI imaging in the cervical and thoracic spine in September 2010, although a specific interpretation is not noted. An initial physician reviewer noted that there is no specific clinical rationale for the requested MRI study.

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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 192.

Decision rationale: The Physician Reviewer's decision rationale: The ACOEM guidelines, Chapter 8, Neck and Upper Back Complaints, page 192, recommend magnetic resonance imaging (MRI) of the cervical or thoracic spine, "to validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for invasive procedure." The

medical records submitted for review do not meet these criteria or provide other rationale to support an indication