

Case Number:	CM13-0024118		
Date Assigned:	11/20/2013	Date of Injury:	06/23/2004
Decision Date:	01/21/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/12/2013

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 Family Practice and is licensed to practice in Texas. 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 62 year old female who reported an injury on 06/24/2004. The mechanism of injury was not provided. It is unclear what her initial course of treatment included. There is evidence of previous imaging studies to include an unremarkable MRI of the thoracic spine and x-rays of both the thoracic and lumbar spines. Her current diagnoses are cervical degenerative disc disease, carpal tunnel syndrome, muscle spasm S/P L CTR, thoracic pain, and non-industrial Hepatitis C. She continues to have chronic neck and thoracic pain.

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 without contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back.

Decision rationale: The ODG does not recommend repeat MRI unless there is a significant change in symptoms and/or findings of a significant pathology such as a tumor or infection. The most recent clinical notes provided for review state that the patient has had no change in her pain

levels, no new injuries, and her quality of life has remained the same. Therefore, the request for MRI of the thoracic spine without contrast is non-certified.