

Case Number:	CM13-0030975		
Date Assigned:	12/04/2013	Date of Injury:	01/25/2013
Decision Date:	05/12/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/02/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/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 injured worker is a 63-year-old male who reported an injury on 01/25/2013, due to a motor vehicle accident. The injured worker reportedly sustained an injury to his upper, mid, and low back. The injured worker's treatment history included medications, physical therapy, and activity modifications. The injured worker was evaluated on 08/15/2013. It was documented that the injured worker had ongoing back pain recalcitrant to physical therapy. The physical findings included two+ reflexes in the upper and lower extremities. The injured worker's diagnoses included low back pain, neck pain, and mid back pain. The injured worker's treatment plan included a functional restoration program, continuation of physical therapy, and an MRI of the lumbar and thoracic spine.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS/ACOEM Guidelines recommend MRIs for the mid to low back when there is unequivocal evidence of neurological deficits that require clarification of nerve root pathology. The clinical documentation submitted for review does not provide any evidence of neurological deficits in the thoracic spine dermatomes or myotomes. Additionally, the evaluation of the injured worker's limitations and physical deficits was not provided. Therefore, the need to extend treatment beyond Guideline recommendations is not supported. As such, the requested MRI of thoracic spine is not medically necessary or appropriate.