

Case Number:	CM13-0035959		
Date Assigned:	12/13/2013	Date of Injury:	07/15/2010
Decision Date:	02/21/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/18/2013

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 Orthopedic Surgery 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 61 year old female who reported a work related injury on 07/15/2010, status post C3 to T2 anterior cervical discectomy and fusion as of 10/11/2012. The most recent clinical notes submitted for this review dated 08/07/2013 reports the patient was seen in clinic. The provider documents the patient presents stable, requires the following medications, Lidoderm patch, Norco, and Valium. The patient continues with significant complaints of mid thoracic pain which radiates around the chest to the area below her breasts. The provider documents AP and lateral cervical spine x-rays demonstrate nice alignment of the patient's cervical spine and placement of her instrumentation. The patient documented the patient reports continued significant discomfort; however, is slowly improving. The provider documented that the patient is concerned about mid thoracic pain which the provider feels is thoracic radiculopathy. The provider documents the patient underwent a previous MRI scan of the thoracic spine and he would review the imaging study for further treatment suggestions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT of 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: Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter lumbar and thoracic

Decision rationale: The current request is not supported. Official Disability Guidelines indicate imaging of the thoracic spine is supported with evidence of neurologic deficit. The most clinical note dated 08/07/2013 reports the provider documented the patient had normal strength to the bilateral upper and lower extremities with mild to moderate pain upon palpation in the midline of the mid thoracic. In addition, the provider documented the patient had undergone previous MRI of the thoracic spine; however, submission of this official imaging study was not submitted for review. Given that the clinical notes lack any documentation of any motor, neurological, or sensory deficits upon exam of the patient, the request for CT of thoracic spine is not medically necessary nor appropriate.