

Case Number:	CM13-0045360		
Date Assigned:	12/27/2013	Date of Injury:	09/13/2012
Decision Date:	03/10/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/23/2013

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 Medicine, and is licensed to practice in Utah. 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 43 year old female with dates of injury of 9/12/12, 10/9/12, and 10/17/12. The patient has been diagnosed with cervical, thoracic, and lumbar strain. The patient's treatments include being treated by a chiropractor, who was also a physical therapist, according to the clinical documents, as well as medications. The clinical documents state "she reports no change in neck pain ..., and she thinks her low back pain is a little better." "With respect to her low back, she does not have constant pain. It is worse if she bends over for prolonged periods of time. She has difficulty keeping her arms overhead." The physical exam findings show "tenderness in the left trapezius, tenderness in the upper medial scapular border on the right, some tenderness over the sacrum, no tenderness in lumbar area. Deep tendon reflexes were 2+, and symmetrical in biceps, triceps, brachioradialis, knees and ankles. Deep tendon reflexes were reported as 3+ and symmetrical in knees and ankle." (This contradicts the previous statement in the clinical record). Her motor exam was normal and sensation was reported as intact in upper and lower extremities. An MRI was performed of the neck. The clinical documents state "there was some concern about a left cervical radiculopathy ...and was interpreted as showing multiple level disc bulges consistent with her age." There is a lack of occupational and/or physical therapy or chiropractic documents. The request is for MRI of the thoracic spine.

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 ODG Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-188.

Decision rationale: The MTUS Chronic Pain Guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. In review of the medical records provided for review it is unclear at this time why the MRI study is being requested, and which specific diagnosis is trying to be ruled out. There is no clinical evidence in the documentation provided that her neurological findings are changing or worsening. There are no "red flag symptoms" noted in the clinical documents, indicating a need for the study. According to the clinical documentation provided an MRI of the thoracic spine is not medically necessary and appropriate.