

Case Number:	CM13-0052513		
Date Assigned:	12/27/2013	Date of Injury:	09/10/2009
Decision Date:	10/30/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/14/2013

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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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 49 year old male who sustained contusions of the head, midback, lowback, chest, ribs, right knee from being hit by a clamp fork on 09/10/2009. On 08/28/2013 the records document neck pain, headaches, low back pain, left rib pain, thoracic pain, and a sleep disorder. Physical therapy was recommended. MRI scans of the cervical and lumbosacral spine were obtained on 09/11/2013. The cervical MRI revealed cervical spondylosis with a 2.7 mm protrusion at C2-3, 3.6 mm protrusion at C3-4, 3.6 mm protrusion at C4-5, 2.8 mm protrusion at C5-6, and 2.7 mm protrusion at C6-7. There was neural foraminal narrowing and facet arthrosis documented at several levels. The lumbar MRI showed 2mm bulges at L1-2, L2-3, L3-4, L4-5, and L5-S1 with a right sided protrusion at L5-S1 encroaching on the S1 nerve root. The disputed issue pertains to a 3D MRI of the Thoracic Spine without contrast. The records do not document neurologic deficit or evidence of thoracic radiculopathy or electrophysiologic evidence of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D MRI OF THE THORACIC SPINE WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) , INDICATIONS FOR IMAGING, MAGNETIC RESONANCE IMAGING

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

Decision rationale: The guidelines indicate MRI scans of the thoracic spine are indicated for thoracic spine trauma with evidence of neurologic deficit. The records document pain and muscle spasm but do not document evidence of thoracic radiculopathy or myelopathy. There is no progression of neurologic deficit documented. The symptoms are generalized and involve the entire spine. MRI scans of the cervical and lumbar spine have been performed. There is no electrophysiologic evidence of thoracic radiculopathy. The clinical evidence provided does not support the need for a 3D MRI of the thoracic spine. In light of the above the request for a 3D MRI of the thoracic spine without contrast is not medically necessary.