MAXIMUS Federal Services

Case Number:	CM13-0053675		
Date Assigned:	12/30/2013	Date of Injury:	05/23/2013
Decision Date:	06/27/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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 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 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 patient is a 38 year old male who reported an injury on 5/23/13. His diagnoses include thoracic strain, intercostal strain, muscle spasm, and back pain. The patient had initial x-rays on 7/26/13 which reported minimal discogenic spondylosis at T8-9 and T9-10. He was seen on 7/26/13 for an initial orthopedic consultation. The report indicated persisting pain in the right lateral chest wall rated at 4/10. The note reports that he was treated with a Toradol injection, heat/cold pack, Ultracet, Polar Frost, and Norflex, and two weeks of physical therapy. The report states the patient's failure to improve with two months of conservative care may indicate a right thoracic disc herniation. He was recommended for an 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 OF THE THORACIC SPINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines recommend MRI of the thoracic spine if trauma with neurological deficit if present. The documentation submitted did not provide

evidence that the patient has any neurological deficits. As such, the request is not medically necessary.