

Case Number:	CM13-0059022		
Date Assigned:	12/30/2013	Date of Injury:	08/17/2012
Decision Date:	05/06/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/27/2013

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 Interventional Spine 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 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:

This patient is a 30-year-old male with injury date of 08/17/2012. Per treating physician's report 08/20/2013, patient's main concern is increased mid back pain along with longstanding history of cervicolumbar spine pain. The patient has intermittent discomfort in and around his mid back which wraps around to the front of his chest, described as burning sensation. Examination showed tenderness over thoracic paraspinous region. Listed diagnoses are myoligamentous cervical, thoracic, lumbar spine sprain/strain, with mild lumbar spondylosis per MRI scan, chronic lumbar spine pain. Recommendation was for MRI scan 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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Guidelines For Thoracic And Lumbar Spine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck And Upper Back

Decision rationale: This patient presents with chronic thoracic pain that wraps around to the front of the chest. The request is for MRI of the thoracic spine. ACOEM Guidelines may apply to acute or subacute situation. Therefore, ODG Guidelines is used. ODG Guidelines for thoracic and cervical spine states that for chronic pain, if neurologic signs or symptoms are present, MRI is appropriate. This patient has had chronic pain, and patient does present with sign and symptoms of neurologic deficit, namely radiating symptom into the thoracic cavity. The patient has failed to improve with conservative care, and MRI of the thoracic spine would be reasonable to rule out any disk pathology. Therefore the request for MRI of the Thoracic Spine is medically necessary.