

Case Number:	CM13-0059113		
Date Assigned:	12/30/2013	Date of Injury:	09/09/2013
Decision Date:	04/03/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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 Physical Medicine & 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 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 36-year-old male with a date of injury of 09/09/2013. The listed diagnoses per [REDACTED] dated 10/15/2013 are: 1) Right rotation cuff tendinitis and impingement, 2) Thoracic spine strain, 3) Lumbar spine strain, 4) Lumbar radicular syndrome. The patient has been seen by 3 different providers in a 3-month span. According to report dated 10/15/2013 by [REDACTED], the patient presents with mid low back and right shoulder pain. The patient complains of pain, tenderness, limitation of motion, and weakness in the thoracic spine. It was noted that the symptoms are worsened with activity and somewhat relieved with rest. Examination of the thoracic spine showed tenderness to palpation to the upper and mid and lower paravertebral muscles. There is moderate limitation of motion noted. The patient was also seen by [REDACTED] on 09/30/2013. It was noted that patient participated in physical therapy without relief. Radiographs were taken of the lumbar spine, thoracic spine, and cervical spine on 09/25/2013. The thoracic spine radiograph revealed evidence of thoracolumbar compression fracture with anterior spondylosis described on the radiographs of the lumbar spine. Otherwise, no significant abnormalities are noted in the thoracic spine. The patient was diagnosed with chronic thoracolumbar compression fracture T12, L1, and L2.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (web 2013)/treatment low back/MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The employee presents with mid, low back, and shoulder pain. The treating physician is requesting an MRI of the thoracic spine. For special diagnostics, ACOEM Guidelines page 303 indicates unequivocal objective findings that identify specific nerve compromise on the neurologic examination is sufficient evidence to warrant imaging in patients who do not respond to treatment and who could consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, the employee had a 5-view radiograph dated 09/25/2013 which showed compression fractures without canal compromise. The employee examinations do not reveal any neurologic symptoms. It is not known what additional helpful information is to be had with an MRI. There are no concerns for tumor, infection, dislocation, myelopathy, or other red flag conditions. The guidelines do not support specialized imaging studies without a good reason. Recommendation is for denial.â¿¿