

Case Number:	CM13-0060886		
Date Assigned:	12/30/2013	Date of Injury:	02/19/2003
Decision Date:	05/21/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/04/2013

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 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 case involves a 66-year-old female, who is status post an industrial injury on 2/19/03. The diagnoses include: cervical and lumbar disc herniation and thoracic neuritis or radiculitis. The exam note dated 10/15/13, demonstrates complaints of pain the back despite medications and physical therapy. An examination demonstrates cervical spine tenderness and tenderness over thoracic and trapezius musculature. The diagnosis is thoracic spine strain and the request is 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:

MAGNETIC RESONANCE IMAGING (MRI) OF THE THORACIC SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: There is no evidence in the clinical scenario and records of red flag conditions such as neurologic dysfunction or neurologic deficit to warrant an MRI of the thoracic spine. The MTUS/ACOEM Guidelines indicate that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three (3) or four (4) week period

of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. The criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. In this case, the claimant has a diagnosis of multiple body part injuries. The diagnosis is a thoracic strain. The exam note from 10/15/13 is not concerning for any red flags or physiologic evidence of tissue insult or upper motor neuron findings concerning for thoracic myelopathy. As none of the above scenarios have been satisfied, the determination is for non-certification.