

Case Number:	CM13-0071446		
Date Assigned:	01/08/2014	Date of Injury:	04/05/2010
Decision Date:	06/25/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/27/2013

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 & Rehabilitation 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 injured worker is a 39-year-old male who reported an injury on 04/05/2010, by pulling on 100 pounds of equipment. The clinical note dated 10/29/2013 noted the injured worker presented with severe neck pain that radiated down the bilateral arms as well as severe low back pain that radiated down the bilateral legs. The examination of the cervical spine and lumbar spine revealed palpable tenderness and muscle spasms. The injured worker's diagnoses were cervical musculoligamentous sprain/strain, cervical herniations, thoracic musculoligamentous sprain/strain, thoracic spine discogenic disease, lumbosacral musculoligamentous sprain/strain, lumbosacral spine protrusions at multiple levels, and depression and anxiety. The injured worker's treatment plan included a spinal surgery consultation, EMG/nerve conduction studies of the bilateral upper and lower extremities, MRIs of the cervical spine and lumbar spine, and awaiting authorization for physical therapy. The provider's rationale for the request is not included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE THORACIC SPINE BETWEEN 12/12/2013 AND 1/26/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 177-179.

Decision rationale: The injured worker is a 39-year-old male who reported an injury on 04/05/2010, by pulling on 100 pounds of equipment. The clinical note dated 10/29/2013 noted the injured worker presented with severe neck pain that radiated down the bilateral arms as well as severe low back pain that radiated down the bilateral legs. The examination of the cervical spine and lumbar spine revealed palpable tenderness and muscle spasms. The injured worker's diagnoses were cervical musculoligamentous sprain/strain, cervical herniations, thoracic musculoligamentous sprain/strain, thoracic spine discogenic disease, lumbosacral musculoligamentous sprain/strain, lumbosacral spine protrusions at multiple levels, and depression and anxiety. The injured worker's treatment plan included a spinal surgery consultation, EMG/nerve conduction studies of the bilateral upper and lower extremities, MRIs of the cervical spine and lumbar spine, and awaiting authorization for physical therapy. The provider's rationale for the request is not included in the documentation.