

Case Number:	CM14-0004853		
Date Assigned:	07/07/2014	Date of Injury:	10/25/2012
Decision Date:	08/14/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/10/2014

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 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:

The injured worker is a 56-year-old female who reported an injury on 10/25/2012. The mechanism of injury was not provided. On 12/11/2013, the injured worker presented with neck, right shoulder, bilateral elbow, bilateral wrist, mid back, low back, and bilateral knee pain. Upon examination of the thoracic spine, there was tenderness to palpation noted over the spinous process at T3-5 and bilateral thoracic muscle guarding. There was sensation to pinprick and light touch intact over the T1-12 bilaterally. Prior treatment included physical therapy, medications, and acupuncture. The diagnosis was thoracic spine sprain/strain. The provider recommended an MRI of the thoracic; the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI THORACIC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for MRI of the thoracic is non-certified. The California MTUS/ACOEM Guidelines state that, for injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 week or 4 week period of conservative care and observation fails to improve symptoms. Most injured workers improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are an 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. The included documentation lacked evidence of an emergence of a red flag, physiologic evidence of a tissue insult or neurologic dysfunction, and failure to progress in a strengthening program. Additionally, there was a lack of a complete and adequate examination of the thoracic spine that provided current deficits to warrant an MRI of the thoracic. As such, the request is non-certified.