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| Case Number: | CM14-0102665 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 12/30/2013 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/17/2014 |
| Priority: | Standard | Application Received: | 07/01/2014 |

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, has a subspecialty in a Pain Management, 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 46-year-old who reported an injury to her mid back on December 20, 2013. The MRI of the thoracic spine dated May 29, 2014 revealed kyphosis within the thoracic spine. No other abnormalities were identified. The procedure notes dated April 24, May 1, and May 8, 2014 indicated the injured worker undergoing trigger point injections in the thoracic spine. The procedure note dated April 24, 2014 indicated the injured worker undergoing extracorporeal shockwave therapy at the cervical spine to address myofascial pain syndrome. The injured worker had also undergone six sessions of extracorporeal shockwave procedures. A clinical note dated January 30, 2014 indicated the injured worker complaining of gradual development of neck and mid back pain. The functional capacity evaluation dated January 20, 2014 indicated the injured worker complaining of 3-9/10 pain throughout her body.

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 cite any medical evidence for its decision.

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

Decision rationale: The request for MRI of the thoracic spine is not medically necessary. The injured worker complained of pain at several sites most notably in the mid back that was rated 9/10. An MRI of the thoracic spine is indicated for injured workers who continue with significant symptoms identified by clinical evaluation following a full course of conservative treatment. No information was submitted regarding any neurological deficits. The injured worker underwent significant treatments addressing pain at numerous sites. However, without information confirming neurological deficits associated with thoracic spine this request is not indicated. Therefore, the request for an MRI of the thoracic spine is not medically necessary or appropriate.