

Case Number:	CM14-0014356		
Date Assigned:	02/26/2014	Date of Injury:	12/05/2013
Decision Date:	07/23/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/04/2014

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 Occupational Medicine, 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 patient is a 39 y/o male, with a date of injury of 12/05/13. Subsequent to being pushed he developed paracervical tightness and discomfort. He also reported a limited area that felt numb near the scapular border. It is clearly documented by the treating physician and physical therapist that there is no extremity numbness or weakness. There is also no documented chest wall numbness, upper extremity radicular signs or symptoms, nor long tract signs or symptoms. No scapular winging is reported. The rationale for the requested MRI is not documented in the records reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI THORACIC SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 78.

Decision rationale: There does not appear to be adequate medical support to justify a thoracic MRI. No "red flag" issues are apparent. There are no upper or lower body radiculopathic signs or symptoms. MRI testing is Guideline supported if there are "red flag" conditions or neurologic

symptoms consistent with central cord or nerve root damage. None of the qualifying conditions are present. Per Guideline standards there is inadequate medical justification for the thoracic MRI. Therefore, the request is not medically necessary.