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| Case Number: | CM14-0015039 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 10/09/2011 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 01/21/2014 |
| Priority: | Standard | Application Received: | 02/06/2014 |

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:

Patient is a 71-year-old with date of injury October 9, 2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated November 19, 2013, lists subjective complaints are thoracic pain intensity essentially static. Occasional referral to right lower costal/subcostal region. Valsalva does not aggravate pain. No thoracic dermatomal numbness or paresthesia. Objective complaints are the thoracolumbar rotation is limited due to pain and reproduces the pain with movement. Sensibility intact. Palpable trigger points. Diagnoses 1. Right thoracic myofascitis; 2. Low probability of discogenic pain/radiculitis of the thoracic area.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar & Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The patient has no evidence of radicular pain, and the primary treating physician stated that it was doubtful that the pain has been from a thoracic disc. The pain is in the subcostal region, and the patient has palpable trigger points. Sensory exam is normal. There is no examination of the reflexes to check for long track signs indicative of myelopathy. The patient's signs and symptoms fit none of the indications for magnetic resonance imaging stated in the Official Disability Guidelines. The request for an MRI of the thoracic spine is not medically necessary or appropriate.