MAXIMUS Federal Services

Case Number:	CM14-0126460		
Date Assigned:	08/13/2014	Date of Injury:	02/26/2014
Decision Date:	09/18/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology has a subspecialty in Pain Medicine 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 41-year-old male who sustained an injury to his back on 02/26/14 while coming down a ladder; he was on the last step and fell into a wall. It was noted that magnetic resonance image was not thought to be necessary for the mid-back and left shoulder. Records indicate that the injured worker has been treated with chiropractic treatment by 2 different chiropractors, but without any resolution of his symptoms. The injured worker has also tried Ibuprofen, over the counter for which he pays out of pocket with sufficient relief. He has had x-rays, but no other imaging studies. The spinal surgical consultation report dated 05/22/14 noted that the injured worker complained primarily of low back pain. The rest of his pain radiates down the back of his right leg to his ankle. The injured worker reported that prolonged sitting, bending backward, prolonged standing, coughing, sneezing, walking, and bending forward aggravates the pain that is a burning type sensation. The injured worker noted that lying down, using transcutaneous electrical nerve stimulation, and Ibuprofen reduces pain. The injured worker rated his low back pain at 7/10 visual analog scale and right leg pain at 7/10 visual analog scale. Physical examination noted normal lumbar lordosis; ambulation without antalgic gait; able to heel/toe walk without difficulty; no skin changes, ecchymosis, or pelvic tilt noted; tenderness to palpation in the right lower lumbar facet joint region; no significant paraspinal muscle spasms or step offs noted; range of motion flexion 40 degrees, extension 10 degrees, and bilateral lateral bending 25 degrees; straight leg raise positive for low back pain bilaterally at 60 degrees; Waddell's signs and Fabre's sign negative.

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: The Claims Administrator did not cite any medical evidence for its decision.

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 chapter, MRIs (magnetic resonance imaging).

Decision rationale: The request for a magnetic resonance image of the thoracic spine is not medically necessary. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional significant 'red flags' identified that would warrant a repeat study. Given this, the request for a magnetic resonance image of the thoracic spine is not medically necessary.