

Case Number:	CM14-0127145		
Date Assigned:	09/23/2014	Date of Injury:	06/25/2012
Decision Date:	11/05/2014	UR Denial Date:	08/04/2014
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 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:

This patient is a 58 y/o male who developed increased low back pain with radiculitis and neck pain subsequent to an injury dated 6/25/12. He is s/p remote spinal surgery. His current treatment consists of oral analgesics in the form of Norco prn. Average use of Norco appears to be 2-4 per day. He is also prescribed Norflex on a chronic basis. Updated MRI studies of the cervical, thoracic and lumbar spines is requested due to increased pain complaints. There is no documentation of a radiculopathic or myelopathic process that would affect the Thoracic spine. No changes in the neurological status is reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): PAGES 287. Decision based on Non-MTUS Citation CA ACOEM GUIDELINES 2004 UPDATESACOEM 2004 OMPG Low Back CH 12. PAGE 287

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

Decision rationale: MTUS Guidelines does not support the indiscriminate use of imaging. Imaging of the upper spine is recommended if there is red flag conditions or evidence of

neurological compromise involving the area imaged. There is no evidence of significant tissue insult or myelopathy involving the thoracic spine. The medical necessity of the requested thoracic MRI is not demonstrated, it is not medically necessary.