

Case Number:	CM14-0156504		
Date Assigned:	09/26/2014	Date of Injury:	04/01/2014
Decision Date:	10/30/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/24/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for mid back pain reportedly associated with an industrial injury of April 1, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and unspecified amounts of manipulative therapy. In a Utilization Review Report dated August 18, 2014, the claims administrator denied a request for a thoracic MRI. The applicant's attorney subsequently appealed. The most recent note on file incorporated into the Independent Medical Review packet was a May 30, 2014 work status report suggesting that the applicant had sustained contusions of the right shoulder, a strain of the cervical spine, and a strain of the thoracic spine. The applicant was given work restrictions, although it did not appear that the applicant was in fact working with said limitations in place. No subsequent progress notes were on file. The July 10, 2014 request for authorization (RFA) form and/or July 1, 2014 progress note on which the articles in question were sought, per the claims administrator, were not seemingly incorporated into the Independent Medical Review (IMR) packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic Spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182..

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, does recommend MRI and/or CT imaging of the neck and/or upper back in applicants in whom a diagnosis of nerve root compromise is suspected, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there is no evidence that the applicant is actively considering or contemplating any kind of invasive procedure involving the thoracic spine. There was no evidence that the applicant in fact had any bona fide nerve root compromise pertaining to the thoracic spine. Again, however, the clinical progress note and request for authorization form on which the articles at issue were sought, however, were not incorporated into the Independent Medical Review packet. However, the information which is on file does not support or substantiate the request. Therefore, the request is not medically necessary.