

Case Number:	CM14-0158513		
Date Assigned:	10/02/2014	Date of Injury:	01/28/2014
Decision Date:	10/29/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/26/2014

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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 1/28/14. She was seen by her physician on 9-14-14 with worsening pain. Her medications included Flexeril and Ultram. Her exam showed ongoing pain in the thoracic spine with spasms in the lumbar spine. She had pain with flexion and could extend to 20 degrees. She had a negative straight leg raise and no radiculopathy. Her diagnosis was sciatica. At issue in this review is the request for a thoracic MRI.

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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic neck pain is for a MRI of the thoracic spine. The records document a physical exam with spasms and limitations in range of motion but no red flags or indications for immediate referral or imaging. An MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive

procedure. In the absence of physical exam evidence of red flags, a MRI of the thoracic spine is not medically necessary.