

Case Number:	CM14-0178974		
Date Assigned:	11/03/2014	Date of Injury:	04/24/2009
Decision Date:	12/08/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53 year old female with an injury date of 04/24/09. Based on the 09/18/14 progress report provided by [REDACTED], the patient complains of mid back pain rated 9/10 and tender spinous processes at T4-6. Physical examination to the Thoraco-Lumbar spine revealed slight-moderate paravertebral muscle hypertonicity bilaterally in-between the shoulder blades. Treater is requesting MRI of the thoracic spine "to rule out disc bulges/herniations, facet arthrosis, and nerve root impingement." Diagnosis 09/18/14- lumbar facet syndrome- cervical disc syndrome- right shoulder rotator cuff syndrome- thoracic spine pain [REDACTED] is requesting MRI OF THE THORACIC SPINE. The utilization review determination being challenged is dated 09/26/14. The rationale is "there are no focal neurologic symptoms." [REDACTED] is the requesting provider and he provided treatment reports from 03/01/14 - 10/30/14.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation http://www.odg.twc.com/odgtwc/Low_Back.htm

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 patient presents with mid back pain rated 9/10 and tender spinous processes at T4-6. The request is for MRI of The Thoracic Spine. Patient's diagnosis dated 09/18/14 included lumbar facet syndrome, cervical disc syndrome, right shoulder rotator cuff syndrome and thoracic spine pain. Per ODG-TWC guidelines: "Indications for imaging -- Magnetic resonance imaging: - Thoracic spine trauma: with neurologic deficit - Lumbar spine trauma: with neurologic deficit." Physical examination to the Thoraco-Lumbar spine on 09/18/14 revealed slight-moderate paravertebral muscle hypertonicity bilaterally in-between the shoulder blades. Per progress report dated 09/18/14, treater is requesting MRI of the thoracic spine "to rule out disc bulges/herniations, facet arthrosis, and nerve root impingement." However, treater has not documented thoracic spine trauma nor discussed neurologic deficits as indicated by ODG. Subjective pain does not warrant MRI, though patient has not had MRI of the thoracic spine done. The patient does not present with any radicular symptoms, no red flags, and no neurologic deficits to warrant an MRI. The request is not medically necessary.