

Case Number:	CM14-0179293		
Date Assigned:	11/04/2014	Date of Injury:	12/27/2013
Decision Date:	12/09/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/29/2014

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:

Injured worker is a female with date of injury 12/27/2013. Per primary treating physician's progress report dated 9/21/2014, the injured worker had a recent flare up of her back pain as her right leg gave up while she was walking and twisted and fell forward on her knees and elbows. Her complaints include lower back pain greater on the right going to the right thigh, thoracic pain increased on the right, pain in the right inguinal area, stress and depression. On examination lumbar range of motion was restricted 50% with less pain due to lower back pain and hernia pain. There was less tenderness, muscle spasm with less myofascial pain, more on the right. Lasegue test created less low back pain at 70 degrees on the right and 75 degrees on the left. Patrick/FABER test created less low back pain and right hernia pain. Kemp test, leg raising and lower created less low back pain, more on the right. Heel-toe walking created less lower back pain and right inguinal pain. There is marked tenderness at right inguinal area with slight bulge. Dermatomes were normal. Reflexes were normal at Achilles tendon and trace at patella. Diagnoses include: 1) lumbar disk syndrome, 2) thoracic disk syndrome, 3) radicular neuralgia, 4) lumbar sprain/strain, 5) thoracic sprain/strain, 6) segmental dysfunction, thoracic spine, 7) segmental dysfunction, lumbar spine, 8) inguinal hernia, and 9) stress.

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 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. There is no evidence based on the complaints and objective findings that the injured worker has nerve impairment. Physical examination addresses lower back, but does not address the thoracic spine at all. Other criteria for special studies are also not met, such as emergence of a red flag; failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The requesting provider is also recommending additional manipulation therapies as the injured worker has had benefit from them previously. The request for MRI of the thoracic spine is determined to not be medically necessary.