

Case Number:	CM14-0021273		
Date Assigned:	05/07/2014	Date of Injury:	04/06/2013
Decision Date:	07/21/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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 is a 37-year-old female with a 4/6/13 date of injury. 1/7/14 progress report indicates frequent, severe cervical and lumbar pain. Physical exam demonstrates, limited lumbar ROM. SLR was negative. There was lumbar paraspinal tenderness. MRI scans of the lumbar and thoracic spines were unremarkable on 1/15/14. Treatment to date has included PT, medication, and acupuncture. There is documentation of a previous 2/5/14 adverse determination for lack of objective neurologic findings and distant trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) THORACIC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-304. Decision based on Non-MTUS Citation Official Disability Guidelines ODG (Low Back Chapter).

Decision rationale: CA MTUS criteria for imaging studies include red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration of

surgery. In addition, ODG supports thoracic MRI studies in the setting of thoracic spine trauma with neurological deficit. However, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination. There is no evidence of recent thoracic spine trauma, and the reported DOI was remote. There is no evidence that recent plain films would have been obtained recently. Therefore, the request for Magnetic Resonance Imaging (MRI) Thoracic is not medically necessary.