

Case Number:	CM14-0023428		
Date Assigned:	05/09/2014	Date of Injury:	03/19/2013
Decision Date:	08/26/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

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:

This is a 29-year-old male with a 03/19/2013 date of injury, when a tire weighing 30 pounds fell from a rack and injured his head. Since then the patient complains of persistent head, neck and upper back pain. The patient was seen on 1/14/14 with complaints of increased pain. The patient was noted to be seen the next day for an injection. Exam findings revealed cervical range of motion 80%. The diagnosis is cervical and thoracic sprain and contusion of the head. It was noted that an MRI of the cervical spine was being awaited. MRI of the brain dated 3/30/13 was normal. Treatment to date includes medication, 5 sessions of physical therapy and occipital nerve blocks. An adverse determination was received on 1/31/14 given lack of documentation of plain films, evidence of any form of neurologic dysfunction and conservative measures.

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

Decision rationale: The California 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, Official Disability Guidelines supports thoracic MRI studies in the setting of thoracic spine trauma with neurological deficit. This patient has the diagnosis of thoracic and cervical sprain. There is a lack of documentation in regards to conservative measures. The patient has no exam findings of nerve compromise or focal neurological deficits on exam. There is no documentation that the patient had plain films of the neck or thoracic spine. Ongoing neck and back pain is not a clear indication to support an MRI of the cervical and thoracic spine. In addition, a thoracic MRI was not mentioned in the progress notes. Therefore, the request for thoracic spine MRI is not medically necessary and appropriate.