

Case Number:	CM14-0026123		
Date Assigned:	06/13/2014	Date of Injury:	01/18/2014
Decision Date:	07/21/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/28/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 31-year-old male who reported an injury on 01/18/2014. The mechanism of injury was from repetitive heavy lifting. Within the clinical note dated 02/28/2014, it reported the injured worker complained his back hurt as well as right index finger middle joint. Within the clinical note dated 04/11/2014, the injured worker complained of lumbosacral pain. He rated his pain 6/10 in severity. Upon the physical exam, the provider noted thoracic flexion at 30 degrees, extension at 15 degrees. The provider noted the injured worker to have a positive straight leg raise on the right and left. The provider requested for an MRI without contrast of the thoracic. However, a rationale was not provided for review. The request for authorization was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI WITHOUT CONTRAST THORACIC: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for a thoracic MRI without contrast is not medically necessary. The injured worker complained his back hurt as well as his right index finger and middle finger. The injured worker complained of lumbosacral pain. He rated his pain 6/10 in severity. The California MTUS/ACOEM Guidelines state clinical objective findings that identify specific nerve compromise on the neurological exam are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There is lack of objective findings indicating the injured worker to have neurological deficits. There is a lack of physical exam found for motor/sensory/reflexes or orthopedic tests. There is a lack of initial imaging to include x-rays. The clinical documentation submitted is largely illegible. There is lack of documentation indicating the injured worker has tried conservative therapy and failed. The medical necessity for imaging was not established. Therefore, the request for an MRI of the thoracic spine is not medically necessary.