

Case Number:	CM14-0027231		
Date Assigned:	03/07/2014	Date of Injury:	02/20/2013
Decision Date:	05/08/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/05/2014

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, has a subspecialty in Pain 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:

The patient is a 36 year old male who was injured on 02/20/2013 while working with limited body access and as he twisted one way, he inadvertently directed the heavy weight in the opposite direction. As a consequence, he experienced the immediate onset of pain and soreness in his back. Prior treatment history has included Motrin 800. Diagnostic studies reviewed included an x-ray of the thoracic spine dated 02/27/2013 that revealed minimal wedging at T7 region with normal dorsal vertebral alignment on the current study. No additional radiographically identifiable abnormality on the current study. Electrodiagnostic study performed on 12/05/2013 showed evidence of right chronic S1 radiculopathy; and bilateral prolonged peroneal distal onset latencies are likely due to temperature fluctuations of bilateral distal lower extremities. PR2 dated 01/14/2014 states the patient complained of pain and discomfort in the thoracic and lumbar spine that is described as aching, stiff, and sore in nature. There was numbness in the middle of the back. He constantly scratches in that area of the spine. He also complained of numbness that shoots down both legs and feet. Physical findings revealed a positive MRI of the lumbar spine. The diagnostic impression was musculoligamentous sprain, thoracic spine, minimal wedging at T7 region, disc herniation L5-S1, musculoligamentous sprain, lumbar spine and degenerative arthritic changes; disc space narrowing at L5-S1 and evidence of right chronic S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) WITHOUT CONTRAST FOR THE THORACIC SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) , CERVICAL THORACIC SPINE DISORDERS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171 172.

Decision rationale: According to the CA MTUS guidelines for neck and upper back, the need for additional imaging studies is reserved for patients with red flag signs. The medical records do not indicate the patient has ligamentous instability nor is there chronic pain documented with at least 3 months of tried conservative treatment. Further, the mechanism of injury does not support an upper back/thoracic spine trauma with neurological deficit. Based on the documentation provided and reviewed and the guidelines cited above, the request for a thoracic spine MRI is not medically necessary.