

Case Number:	CM14-0027890		
Date Assigned:	06/16/2014	Date of Injury:	03/30/2013
Decision Date:	07/16/2014	UR Denial Date:	02/06/2014
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 Texas and Ohio. 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 33-year-old female who reported an injury on 03/30/2013 after she was hit by a falling ladder. The most recent clinical evaluation submitted for this review was dated 04/05/2013. There were no clinical notes from within the last year to support the request. A request for physical therapy, an MRI of the cervical spine and an MRI of the thoracic spine was submitted on 01/24/2014. The injured worker's diagnoses included a cervical spine herniated disc, myofasciitis and cervicobrachial syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

T/MRI (THORACIC): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically address imaging for the thoracic spine. The American College of Occupational and

Environmental Medicine recommends imaging for the low back when there are clear clinical findings of nerve root impingement that has failed to respond to conservative treatment. There is no documentation of any treatment within the last year. There is no recent documentation of deficits that would require a diagnostic evaluation. The Official Disability Guidelines recommend MRIs of the thoracic spine when there is evidence of spinal trauma to the thoracic spine with neurological deficits. As there is no recent information to support the request, the appropriateness and medical necessity cannot be determined. As such, the requested MRI of the thoracic spine is not medically necessary or appropriate.