

Case Number:	CM14-0029627		
Date Assigned:	06/20/2014	Date of Injury:	09/26/2013
Decision Date:	07/23/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/09/2014

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 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 60 year old female who was injured on 09/26/2013 when she lifted a heavy weight. Diagnostic studies reviewed include x-rays of the thoracic spine dated 11/07/2013 revealed no significant thoracic spine pathology. Follow-up note dated 02/23/2014 states the patient complained of back pain primarily mid right and lower right thoracic spine but does not radiates. She describes it as intermittent, moderate in intensity. She denies stiffness, radicular arm pain, radicular leg pain, numbness in the legs, weakness in the arms, weakness of the legs or urinary and bowel incontinence. On exam, pain is elicited over the bilateral throacic paraspinal muscles. There is negative straight leg raise and negative bilateral Fabere test. Assessment is back pain and mid back strain. The patient was put on modified work restriction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the thoracic spine quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 - Lumbar & Thoracic, MRI.

Decision rationale: Per ACOEM guidelines, when the neurologic examination is not clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. Per chart, the patient does not have the above listed criteria to merit MRI of the thoracic spine. ODG guidelines state that MRIs for the thoracic spine are indicated for thoracic spine trauma with neurological deficits. These findings are not documented in the clinical history. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.