

Case Number:	CM14-0036321		
Date Assigned:	06/25/2014	Date of Injury:	02/20/2013
Decision Date:	07/23/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/25/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 44 year old with a date of incident of 2/20/2013. The injured worker has neck pain and decreased sensation in the legs and forearms. There is tenderness to palpation of neck and back and palpable spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical 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 8 Neck and Upper Back Complaints Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Within the medical records provided for review, all that is documented is sensation changes in the injured worker's arms and legs. There are no other abnormal neuro findings. There is no documented progression of neuro deficit or concern for fracture or tumor. Conservative measures to include PT must be tried and failed. The request for an MRI is not medically indicated at this time. As such, the request is not medically necessary and appropriate.

MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Within the medical records provided for review, all that is documented is sensation changes in the injured worker's arms and legs. There are no other abnormal neuro findings. There is no documented progression of neuro deficit or concern for fracture or tumor. Conservative measures to include PT must be tried and failed. The request for an MRI of the thoracic spine is not medically indicated at this time. As such, the request is not medically necessary and appropriate.