

Case Number:	CM14-0038446		
Date Assigned:	06/27/2014	Date of Injury:	10/18/2013
Decision Date:	12/31/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/01/2014

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 and 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:

This 23 year-old injured worker sustained an injury on 10/18/13 from carrying a cooler while employed by [REDACTED]. Request(s) under consideration include MRI Thoracic w/o Contrast. Diagnoses include thoracic and lumbar spine sprain/ discogenic disorder with facet inflammation; cervical discogenic disorder with facet inflammation. Conservative care has included medications, therapy, home exercise, TENS unit, and modified activities. Report The injured worker continues to treat for chronic low back pain for initial diagnosis of lumbar sprain. Exam showed pain with AROM of low back; tenderness with palpation of paraspinal muscles and facets; DTRs of upper and lower extremities normal; all neurological exams were normal. The request(s) for MRI Thoracic w/o Contrast was non-certified on 3/10/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Thoracic without Contrast: 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
Page(s): 303-304.

Decision rationale: Exam showed tenderness with intact neurological exam in motor strength, sensation, and reflexes without remarkable provocative testing. The injured worker is without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support imaging request. Per ACOEM Treatment Guidelines under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for MRI of the Thoracic spine nor document any specific clinical findings to support this imaging study as the injured worker has intact neurological exam. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Magnetic Resonance Imaging (MRI) Thoracic without Contrast is not medically necessary and appropriate.