

Case Number:	CM14-0048092		
Date Assigned:	07/02/2014	Date of Injury:	02/20/2014
Decision Date:	08/26/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational 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:

This is a 34-year-old male with a 2/20/14 date of injury, when he injured his back while ambulating on a roof and stepping onto a softer area. The patient worked as a driver and complained of consistent neck and back pain. The patient had been off work intermittently since 10/30/13. The patient was seen on 3/13/14 with complaints of low back and neck pain. The pain was exacerbated by physical activities and relieved by medications (Soma and Hydrocodone). The patient denied tingling, weakness and numbness in the lower extremities. There were no chest pain or shortness of breath noted. Exam findings revealed normal neurological and motor exam, no groin numbness or saddle anesthesia. The patient was able to ambulate without help and was advised to perform stretching exercises at home. The patient was seen on 3/17/14 with complaints of back, neck and knee pain and recent headaches. The patient stated that the neck pain was associated with tingling in the left arm, elbow and hand. The progress note stated that the patient had plain films done; however results were not revealed. The exam findings revealed obesity with BMI of 36.09, hypertension and normal neurological examination. The diagnosis is thoracic sprain/strain, neck strain/sprain, hypertension and obesity. Treatment to date included physical therapy, a home exercise program, medications, and work restrictions. An adverse determination was received on 3/20/14 given that there was a lack of documentation indicating objective indications for the imaging studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic: 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): 304. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), (LOW BACK CHAPTER).

Decision rationale: CA MTUS criteria for imaging studies include red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration of surgery. In addition, ODG supports thoracic MRI studies in the setting of thoracic spine trauma with neurological deficit. The note dated 3/17/14 stated that the patient complained of the neck and back pain and tingling in the left extremity. However, the physical examination revealed no abnormal findings in the spine and lower extremities and there were no objective finding indicating nerve compromise or neurological deficits. In addition, there was no rational in regards to the patient's need for MRI of the thoracic spine. Therefore, the request for MRI of the thoracic spine was not medically necessary.