

Case Number:	CM14-0075684		
Date Assigned:	07/16/2014	Date of Injury:	11/12/2013
Decision Date:	09/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/23/2014

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 Nevada. 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 records presented for review indicate that this 38-year-old female was reportedly injured on November 12, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 4, 2014, indicated that there were ongoing complaints of cervical, thoracic, lumbar spine pain. The physical examination demonstrated a 4'11" 141 pound individual who was noted to be normotensive. Tenderness to palpation was also reported as well as some lumbar muscle spasm. Diagnostic imaging studies were not presented for review. Previous treatment included multiple medications and conservative care. A request was made for thoracic spine MRI without contrast and was not certified in the pre-authorization process on May 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders-Diagnostic Investigations-MRI (Electronically Cited).

Decision rationale: When noting the date of injury, the multiple complaints, and the lack of any physical examination evidence to suggest that there is a specific nerve root compromise, there is no clinical indication presented to support this request. There were no progressive neurological deficits identified and there is no identified significant trauma. Therefore, the parameters noted in the ACOEM guidelines are not met. Therefore, this request is not medically necessary.