

Case Number:	CM14-0075840		
Date Assigned:	07/18/2014	Date of Injury:	03/12/2014
Decision Date:	12/12/2014	UR Denial Date:	05/20/2014
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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for mid and low back pain reportedly associated with an industrial injury of March 12, 2014. In a Utilization Review Report dated May 20, 2014, the claims administrator denied a request for thoracic MRI imaging, stating that there was no clear evidence of neurologic compromise associated with the same. The applicant's attorney subsequently appealed. In a March 21, 2014 progress note, the applicant reported primary complaint of mid back pain. Tenderness was appreciated about the T4 through T12 region. No sensory or vascular deficits appreciated with negative straight leg raising noted on neurologic exam. The applicant was able to walk on heel and toes. A 10-pound lifting limitation was endorsed. Motrin and chiropractic manipulative therapy were sought. The thoracic MRI in question was sought on May 9, 2014. On the same date, lumbar MRI imaging was concurrently endorsed. In a handwritten office visit of May 7, 2014, difficult to follow, not entirely legible, the applicant reported an aggravation of mid back pain after having returned to regular duty work on a trial basis. Tenderness was appreciated about the thoracic and lumbar paraspinal musculature. Range of motion was well preserved. There was no evidence of any sensory deficits or motor deficits about the lower extremities, the attending provider acknowledged. The applicant was given diagnosis of mid back strain. Toradol injection was given. The applicant was returned to light duty work with a 15-pound lifting limitation. MRI imaging was apparently endorsed. The note comprised almost entirely of preprinted checkboxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging of the thoracic spine without dye.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); T1 Neck and Upper Back Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-7, page 179; Table 8-8, page 182..

Decision rationale: While the MTUS Guideline and ACOEM in Chapter 8, Table 8-8, page 182 does acknowledge the MRI imaging of the neck and/or upper back/thoracic spine is "recommended" to validate the diagnosis of nerve root compromise, based on clear history and physical exam findings, preparation for an invasive procedure, in this case, however, the information on file did not establish the presence of any clear history and/or physical exam findings suggestive of nerve root compromise associated with the thoracic spine. The applicant was consistently described on multiple occasions' referenced above as exhibiting well preserved motor and sensory function about both the upper and lower extremities. The applicant was given operating diagnosis of mid back strain/thoracic strain. There was no evidence that the applicant was actively considering or contemplating any kind of surgical intervention or invasive procedure involving the thoracic spine on or around the date in question. MRI imaging, ACOEM Chapter 8, Table 8-7, page 179, further notes, is scored a 0/4 in its ability to identify and define physiologic insults such as muscular strain suspected here. MRI imaging was/is not indicated in the clinical context present here, for all of the previously stated reasons. Therefore, the request is not medically necessary.