

Case Number:	CM14-0137131		
Date Assigned:	09/05/2014	Date of Injury:	10/04/2008
Decision Date:	04/09/2015	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 50-year-old male who reported an injury on 10/04/2008. The mechanism of injury occurred when the injured worker was setting up for an event and he was bent over moving a cat carrier and bags of cat litter, and pulled a muscle in his back. Diagnoses included thoracic degenerative disc disease and cervical pain and radiculopathy. The injured worker underwent an MRI of the thoracic spine on 02/23/2012, which revealed at T8-9 there was moderate focal displacement and effacement, and at T7-8 and T9-10, there was mild disc protrusion creating mild central spinal canal compromise. The injured worker underwent a thoracic epidural steroid injection in 04/2012. Other therapies additionally included heat, ice, rest, gentle stretching, and exercise. The documentation of 06/25/2014 revealed the injured worker may have possible thoracic outlet syndrome. There was tenderness in the midline of T5 through T10 and moderate guarding of the thoracic spine with spasms. The range of motion of the thoracic and lumbar spine was within normal limits. The rationale for a repeat MRI was not provided. There was a Request for Authorization submitted for review dated 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI thoracic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is not recommended and should be reserved for a significant change in symptoms or findings of significant pathology. The clinical documentation submitted for review indicated the injured worker had previously undergone an MRI of the thoracic spine on 02/23/2012. There was a lack of documentation of a significant change in symptoms or that the injured worker findings suggestive of a significant pathology. Given the above and the lack of documentation, the request for MRI thoracic is not medically necessary.