

Case Number:	CM14-0183409		
Date Assigned:	11/10/2014	Date of Injury:	05/10/2014
Decision Date:	01/02/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/04/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 25 year old female who sustained an industrial injury on 05/10/14. The progress note from 10/1/14 was reviewed. Subjective complaints included thoracic spine symptoms including dull pain and at times sharp pain without radiation. Objective findings included normal thoracic spine range of motion, but increased pain and symptoms with flexion and right rotation. There was positive Faber's test to the left and positive Kemp's test bilaterally. The pinwheel examination of the upper and lower extremities revealed no sensory deficits. The Jamar dynamometer testing revealed 26, 24, 24kg on the right and 24, 20, 20kg on the left. The diagnoses included thoracic sprain/strain, lumbosacral sprain/strain, subluxation of the sacrum, and myalgia/myositis. She was noted to have some benefit with chiropractic treatment. But due to increased symptoms and sharp pain in mid-back, an MRI of the thoracic spine was requested to rule out disc pathology.

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: 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 (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM guidelines in the neck and upper back chapter recommend an MRI for individuals with evidence of nerve compromise upon neurologic examination and individuals who failed to respond to treatment and would consider surgery if offered. In this case, the medical records indicate the employee has improved with chiropractic therapy and had no evidence of thoracic spine tissue insult or neurologic impairment. Therefore, the request for a MRI of the thoracic spine is not medically necessary.