

Case Number:	CM14-0194911		
Date Assigned:	12/02/2014	Date of Injury:	03/24/2007
Decision Date:	01/14/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/20/2014

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 Preventive 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:

According to the records made available for review, this is a 39-year-old female with a 3/7/07 date of injury. At the time (11/12/14) of the Decision for MRI of the thoracic spine, there is documentation of subjective (sharp pain in the mid back that radiates anteriorly around the chest) and objective (positive Spurling's and foraminal compression test on the left) findings, current diagnoses (cervicothoracic strain, arthrosis, discopathy with central and foraminal stenosis, and possible bilateral thoracic outlet syndrome), and treatment to date (physical therapy, acupuncture, and medications). There is no documentation of red flag diagnoses where plain film radiographs are negative and a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (Thoracic spine trauma: with neurological deficit).

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 ODG Low back- lumbar & thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Magnetic Resonance Imaging (MRI)

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of an MRI. ODG identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (Thoracic spine trauma: with neurological deficit), as criteria necessary to support the medical necessity of a Thoracic MRI. Within the medical information available for review, there is documentation of diagnoses of cervicothoracic strain, arthrosis, discopathy with central and foraminal stenosis, and possible bilateral thoracic outlet syndrome. In addition, there is documentation of failure of conservative treatment. However, there is no documentation of red flag diagnoses where plain film radiographs are negative. In addition, despite documentation of subjective (sharp pain in the mid back that radiates anteriorly around the chest) and objective (positive Spurling's and foraminal compression test on the left) findings, there is no (clear) documentation of a condition/diagnosis (with supportive subjective/objective findings) for which an MRI is indicated (Thoracic spine trauma: with neurological deficit). Therefore, based on guidelines and a review of the evidence, the request for MRI of the thoracic spine is not medically necessary.