MAXIMUS Federal Services

Case Number:	CM15-0008584		
Date Assigned:	01/26/2015	Date of Injury:	06/17/2010
Decision Date:	03/16/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/15/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 30 year old female who sustained a work related injury on June 17, 2010, while pushing a heavy box and experiencing pain in the low back. On December 17, 2014 a request for a Magnetic Resonance Imaging (MRI) of the thoracic spine was made due to persistent low back pain. There was no documentation specifically citing pain in the thoracic area. There were no findings supporting the certifying of advanced imaging for the Thoracic spine. Based on the above, the Utilization Review non-certified the request for a Magnetic Resonance Imaging (MRI) of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: The ACOEM Practice Guidelines, Chapter 8 entitled 'Neck and Upper Back Complaints' specifies on pages 177-182 the following:"For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out.Criteria for ordering imaging studies are:o Emergence of a red flag. Physiologic evidence of tissue insult or neurologic dysfunctiono Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedurePhysiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study."In this case of this worker, there is no clear cut documentation of neurologic dysfunction on examination or red flag concerns regarding the thoracic region. In fact, the submitted medical records do not contain sufficient neurologic testing of the thoracic region. Therefore, this request for thoracic MRI is not medically necessary.