

Case Number:	CM15-0107843		
Date Assigned:	06/15/2015	Date of Injury:	03/23/2015
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 50-year-old female, who sustained an industrial injury on March 23, 2015. The injured worker reported mid back pain. The injured worker was diagnosed as having thoracic spine pain, lumbar bulging disc and annular tear of lumbar disc. Treatment to date has included x-ray. A progress note dated March 24, 2015 provides the injured worker complains of mid back and low back pain. He reports radiation to flank area and neck. He does have a work related low back injury previously treated. Physical exam notes thoracic and lumbar tenderness, decreased range of motion (ROM), positive Phalen's sign and straight leg raise. There is a feeling of electrical shock in the right thigh with numbness in the feet. There is a request for 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 of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - low back, MRI.

Decision rationale: ODG guidelines support MRI of the thoracic spine when the insured has symptoms of pain greater than 3 months with neurologic signs or symptoms present or progressive neurologic changes. The medical records provided for review indicate persistent pain but indicate no neurologic symptoms or signs, there is no indication of suspicion of cancer or infection, and there is no apparent instability by x-ray. As such, MRI of thoracic spine is not medically necessary per ODG guidelines and the medical records provided for review.