

Case Number:	CM15-0146234		
Date Assigned:	08/07/2015	Date of Injury:	01/07/2009
Decision Date:	09/09/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/27/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 44 year old male, who sustained an industrial injury on January 7, 2009. Treatment to date has included physical therapy and medications. Currently, the injured worker complains of pain in the neck, upper back, lower back, bilateral forearm, bilateral wrist-hand, bilateral knee and left foot on 6/17/15. The injured worker reports continued numbness and tingling and notes that he does not have pain in any new body areas. On physical examination the injured worker has intact sensation to light touch to the left index tip, left dorsal thumb, and left small tip. The diagnoses associated with the request include cervical spine strain, thoracic spine strain, lumbar spine strain with radiculopathy, right forearm strain, left forearm strain, bilateral carpal tunnel syndrome, bilateral knee strain, and left foot strain. The treatment plan includes physical therapy for the spine, bilateral wrists and bilateral knees, pain management consultation, and MRI of the cervical, thoracic and lumbar spine. The medication list includes Celebrex. The patient had received an unspecified number of the PT visits for this injury. Any diagnostic imaging report was not specified in the records provided. Any surgical or procedure note related to this injury was not specified in the records provided. A recent detailed clinical evaluation of thoracic spine was not specified in the records provided.

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 Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15) Magnetic resonance imaging (MRI).

Decision rationale: Request: MRI of The Thoracic Spine. Per the ACOEM chapter 8 guidelines cited below "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." Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags." A recent detailed physical examination of the thoracic spine was not specified in the records provided. Patient does not have any severe or progressive neurological deficits that are specified in the records provided. Significant functional deficits on neurological examination that would require a MRI of the Thoracic Spine was not specified in the records provided. The findings suggestive of tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided. A report of a recent thoracic spine plain radiograph was also not specified in the records provided. The patient had received an unspecified number of the PT visits for this injury. Previous PT visit notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Rationale for MRI of the Thoracic Spine was not specified in the records provided. A plan for an invasive procedure of the cervical spine was not specified in the records provided. The request for MRI of the Thoracic Spine is not fully established for this patient.