

Case Number:	CM15-0168187		
Date Assigned:	09/08/2015	Date of Injury:	07/12/2010
Decision Date:	10/13/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/26/2015

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: Arizona, 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 60-year-old male, with a reported date of injury of 07-12-2010. The mechanism of injury was the result of a fall off the ladder to the ground mainly on his left leg and then on his left side. The injured worker's symptoms at the time of the injury included left lower extremity and trunk discomfort. The diagnoses include thoracic sprain and strain. Treatments and evaluation to date have included a back brace. The diagnostic studies to date were not included in the medical records. The doctor's first report dated 07-09-2015 indicates that the injured worker's subjective complaints included middle low back pain, left knee pain, right knee pain, and throat irritation, numbness, and tingling due to exposure to flour. The objective findings include thoracic lumbar flexion at 50 degrees, right side bend at 10 degrees, right rotation at 25 degrees, extension at 10 degrees, left rotation at 15 degrees, tenderness to palpation of the paraspinal, left greater than right, positive bilateral Kemp's test, and positive straight leg raise on the left at 25 degrees. It was noted that the injured worker was able to return to regular work on 08-23-2015. The treating physician requested an MRI of the thoracic spine. The date of the request for authorization was 07-16-2015. On 08-04-2015, the Utilization Review non-certified the request for an MRI of the thoracic spine due to the lack of objective evidence of motor or neurologic deficits, lack of prior diagnostic test, and lack of documentation of the injured worker's prior treatment course.

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 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. Specific concerns on exam were not noted. The request for an MRI of the cervical spine is not medically necessary.