

Case Number:	CM15-0180017		
Date Assigned:	09/21/2015	Date of Injury:	05/28/2015
Decision Date:	10/27/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/14/2015

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: Emergency Medicine

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 47 year old male who sustained an industrial injury on 05-28-2015. Mechanism of injury was caused by lifting. Diagnosis is thoracic sprain. A physician progress note dated 08-18-2015 documents the injured worker complains of continued mild mid back pain. The pain is slowly improving and is rated as 1 out of 10. There was tenderness to palpation over T3-T4. He continues to take Orphenadrine Citrate ER. A physician progress note dated 07-28-2015 documents the injured worker has slowly improving thoracic back pain that radiates in to his shoulder blades. He rates his pain as a 1 out of 10. He is working modified duty. In a note dated 07-15-2015, the injured worker has complaints of pain in his back with limited range of motion and he rates it as 5 out of 10. There is tenderness over the thoracolumbar spine. He is taking his medication without side effects. Treatment to date has included diagnostic studies, medications, 6 chiropractic sessions, hot and cold therapy pack and a back heat therapy pad. He is working full duty. He takes Orphenadrine Citrate ER. On 08-24-2015 the Utilization Review non-certified the requested treatment of a MRI of thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Summary.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is no noted new neurologic dysfunction. Patient has documented improvement in pain and has mild reported pain. There is no justification documented for why MRI of thoracic spine was needed. MRI of thoracic spine is not medically necessary.