

Case Number:	CM15-0198661		
Date Assigned:	10/14/2015	Date of Injury:	05/11/2015
Decision Date:	11/20/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/09/2015

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: North Carolina
 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 55 year old male who sustained an industrial injury on 5-11-15. A review of the medical records indicates he is undergoing treatment for severe left knee pain, complex meniscal tear of the left knee, thoracic radiculitis, thoracic facet syndrome, and failed conservative therapies for pain control, as well as bipolar disorder. Medical records (8-3-15 to 8-26-15) indicate ongoing complaints of left knee pain, consisting of aching, stiffness, and muscle spasms, as well as weakness of the knee. He rates his pain "9 out of 10". He also complains of "moderate to severe" mid to lower thoracic spine pain, which is associated with muscle spasms, stiffness, and a burning sensation in the posterior chest wall. He rates this pain "9 out of 10". The physical exam (8-26-15) reveals "severe" spasms in the thoracic spine and "severe pain" in the left knee with muscle spasms in the poster left thigh. The thoracic spine is noted to have tenderness from T8-T11 bilaterally. The treating provider indicates that there is "bilateral thoracic facet tenderness". The pain worsens on extension of the spine. Range of motion is limited. The left knee is painful to deep palpation at the medial and lateral joint lines. McMurray test is positive on the left knee and range of motion is limited. Diagnostic studies have included an MRI of the left knee. Treatment has included pain medications, physical therapy, acupuncture, and activity modification. He is not working. Treatment recommendations include an MRI of the thoracic spine, continuation of physical therapy, and a prescription for Naproxen. The utilization review (9-9-15) includes a request for authorization of an MRI of the thoracic spine. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI scan of the thoracic spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs (magnetic resonance imaging).

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

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the thoracic spine as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for imaging of the thoracic spine and the request is not medically necessary.