

Case Number:	CM15-0202136		
Date Assigned:	10/19/2015	Date of Injury:	04/04/2015
Decision Date:	11/25/2015	UR Denial Date:	09/27/2015
Priority:	Standard	Application Received:	10/14/2015

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: 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 32 year old female who sustained an industrial injury on 4-4-15. The injured worker reported thoracic and left sided neck pain. A review of the medical records indicates that the injured worker is undergoing treatments for cervicgia and back sprain. Provider documentation dated 8-27-15 noted the work status as modified duties. Treatment has included at least 12 sessions of physical therapy, Ibuprofen since at least may of 2015, Naproxen since at least may of 2015, Soma since at least August of 2015, Voltaren since at least September of 2015, and Robaxin since at least September of 2015. Objective findings dated 8-27-15 were notable for musculoskeletal examination with decreased range of motion. The original utilization review (9-27-15) denied a request for MRI (magnetic resonance imaging), thoracic without contrast (chest spine without dye).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), thoracic without contrast (chest spine without dye):
Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic).

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

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. The request for an MRI of the thoracic spine is not medically necessary.