

Case Number:	CM15-0209991		
Date Assigned:	10/28/2015	Date of Injury:	09/16/2013
Decision Date:	12/16/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/26/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 9-16-13. The injured worker has complaints of lower back pain, left hand pain and right hand pain. The documentation on 6-11-15 noted mild thoracolumbar scoliosis from shoulders and decreased range of motion cervical. There is tenderness and spasms in the cervical and upper thoracic paraspinals, highest around T3 and T4, which are rotated at that level. Shoulder magnetic resonance imaging (MRI) revealed partial tear of supraspinatus on right, almost full thickness tear and tendinopathy left suprinatus. The diagnoses have included sprain of lumbar; displacement of lumbar intervertebral disc without myelopathy and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included home exercise program; chiropractic treatment; heat; ice; stretching and medications. The original utilization review (9-22-15) non-certified the request for magnetic resonance imaging (MRI) of thoracic spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of thoracic spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online Neck and Upper Back chapter.

Decision rationale: The patient presents with pain affecting the cervical, thoracic, and lumbar spine. The current request is for MRI of thoracic spine without contrast. The treating physician states in the report dated 7/9/15, "Referral for thoracic spine." The patient has had MRIs of the cervical and lumbar spine. The ODG Guidelines state, "Thoracic spine trauma: with neurologic deficit." In this case, it does not appear that the patient has had an MRI of the thoracic spine and the treating physician has indicated that the patient has worsening pain with tenderness, radiating pain, twitch response, and muscle tightness in the thoracic spine. The current request is medically necessary.