

Case Number:	CM15-0219022		
Date Assigned:	11/10/2015	Date of Injury:	03/14/2003
Decision Date:	12/23/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/06/2015

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: New Jersey

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 3-14-2003. Medical records indicate the worker is undergoing treatment for thoracic ligament sprain. A recent progress report dated 10-8-2015, reported the injured worker complained of pain in the left posterior leg, left posterior knee, left ankle, left calf, mid thoracic and lower thoracic spine. Physical examination revealed palpable hypertonicity of the serratus posterior inferior muscles and lower thoracic vertebrae. Treatment to date has included physical therapy and medication management. On 10-8-2015, the Request for Authorization requested thoracic spine magnetic resonance imaging. On 10-14-2015, the Utilization Review noncertified the request for a thoracic spine magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic), MRI.

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

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the thoracic spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was no specific complaint of mid or upper back pain or radiculopathic-type pain related to pain in these areas. Physical findings noted included muscle hypertonicity of thoracic muscles. No provocative testing for this area was noted as being performed, nor was there any sensory testing performed for the nerve distributions of the thoracic spinal nerve roots. There was also no summary included as to which conservative treatments were implemented for the thoracic spine prior to considering any follow-up testing for this area. There seems to be no evidence to back up this request for MRI of the thoracic spine, and therefore it will be considered not medically necessary.