

Case Number:	CM15-0224682		
Date Assigned:	11/23/2015	Date of Injury:	07/30/2014
Decision Date:	12/31/2015	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	11/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This is a 43 year old female who sustained a work-related injury on 7-30-14. Medical record documentation on 10-23-15 revealed the injured worker was being treated for thoracic sprain-strain. The injured worker reported complaints of constant aching and burning pain in the mid-back. She reported that with prolonged sitting with no back support she experienced pins and needles across both shoulder and the upper mid back. The sensation is also in her forearms and the base of her head. She reported that her upper back pain hurt her more than her neck pain. She rated the pain within her shoulders a 5 on a 10-point scale. Objective findings included diffuse tenderness to palpation of the thoracic spine. Her thoracic spine range of motion included flexion to 40 degrees, extension to 10 degrees, and bilateral rotation to 10 degrees. Her upper extremity sensation was intact bilaterally to light touch and she had normal reflexes. Her medication regimen included Ultracet 37.5-325 mg, Naproxen 550 mg, cyclobenzaprine cream and OTC Advil. Previous therapy included 10 sessions of physical therapy which only helped temporarily, Tylenol #3, Lidopro cream, Ibuprofen 800 mg and Norco. A request for magnetic resonance imaging (MRI) of the thoracic spine was received on 11-6-15. On 11-13-15, the Utilization Review physician determined magnetic resonance imaging (MRI) of the thoracic spine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI thoracic spine.

Decision rationale: Pursuant to the Official Disability Guidelines, Magnetic resonance imaging (MRI) of the thoracic spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are cervical facet arthropathy; and thoracic sprain strain. Date of injury is July 30, 2014. Request for authorization is November 6, 2015. According to the progress note dated October 23, 2015, subjective complaints include neck pain with bilateral upper extremity symptoms and pain in the mid back with burning, pins and needles. Objectively, there is tenderness over the thoracic muscles with decreased range of motion. Motor function is 5/5. There are no significant neurologic deficits. There are no unequivocal objective findings that identify specific nerve compromise on the neurologic evaluation. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation demonstrating unequivocal objective findings that identify specific their compromise on the neurologic evaluation, Magnetic resonance imaging (MRI) of the thoracic spine is not medically necessary.