

Case Number:	CM15-0044535		
Date Assigned:	03/24/2015	Date of Injury:	09/13/1999
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 41-year-old [REDACTED] beneficiary who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of September 30, 1999. In a Utilization Review Report dated February 24, 2015, the claims administrator denied a request for thoracic MRI imaging. An RFA form received on February 13, 2015 and an associated progress note of December 4, 2014 were referenced in the determination. The claims administrator contended that the attending provider had failed to furnish sufficient information to support the request. The applicant's attorney subsequently appealed. In an RFA form dated February 12, 2015, thoracic MRI imaging and unspecified precursor laboratory testing were proposed. On December 4, 2014, the applicant reported ongoing complaints of low back pain, 3/10. MRI imaging of the thoracic spine was proposed. The applicant had a chronic low back pain for years. The applicant also had depressive symptoms. The applicant apparently has consulted a psychiatrist for the depression issues. The applicant was severely obese, with a BMI of 37. The applicant's pain complaints were predominantly axial, it was seemingly suggested. Hyposensorium was noted about the right leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of Thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: No, the request for thoracic MRI imaging was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT scanning of the neck and upper back to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no mention of the applicant's considering or contemplating an invasive procedure on or around the December 4, 2014 office visit on which thoracic MRI was proposed or the subsequent February 12, 2015 RFA form. The applicant's primary issues, moreover, were low back pain and depression. There was no mention of the applicant's having issues with thoracic spine pain, it was further noted Therefore, the request was not medically necessary.