

Case Number:	CM15-0086390		
Date Assigned:	05/08/2015	Date of Injury:	12/18/2013
Decision Date:	06/09/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/05/2015

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

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 injured worker is a 43 year old female, who sustained an industrial injury on 12/19/2013. She reported back pain. The injured worker was diagnosed as having lumbar sprain. Treatment to date has included magnetic resonance imaging. The request is for retro authorization of a magnetic resonance imaging of the thoracic spine. The records available for review are the request for authorization for a magnetic resonance imaging of the thoracic spine dated 5/1/2014, and the completed magnetic resonance imaging of the thoracic spine dated 5/23/2014. The magnetic resonance imaging revealed no spinal canal or neural foraminal narrowing at any level, no fracture or ligamentous injury identified, and at T7-T8, 1 mm AP left paracentral disc protrusion. There are no other medical records available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro MRI Thoracic Spine without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, advanced imaging such as MRI or CT may be necessary. Other criteria for special studies include emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. There are no medical records available for review that established medical necessity for an MRI within the recommendations of the MTUS Guidelines. The request for MRI of the thoracic spine is not medically necessary.