

Case Number:	CM15-0087457		
Date Assigned:	05/11/2015	Date of Injury:	03/23/2015
Decision Date:	06/19/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40-year-old female, who sustained an industrial injury on 3/23/2015. She reported pain in her cervical, thoracic, and lumbar spines, intermittent for months, and exacerbated by lifting. The injured worker was diagnosed as having thoracic sprain/strain, lumbar sprain/strain, cervicalgia, idiopathic scoliosis, and degeneration of intervertebral disc. Treatment to date has included x-rays of the lumbar, thoracic, and cervical spines (normal), medications, back support, heating pad, and chiropractic with minimal relief. Currently (4/13/2015), the injured worker's condition was documented as not improved significantly. She reported pain in the cervical, thoracic, and lumbar spines, moderately severe (rated 7/10), for greater than 18 days. She denied radiation or paresthesias. Work restrictions were noted with a maximum medical improvement date of 5/04/2015 expected. Physical exam noted a normal gait with full weight bearing. Tenderness was noted to the thoracolumbar spine and paravertebral musculature. Range of motion in the back was restricted. Motor and sensation was intact. The treatment plan included magnetic resonance imaging of the cervical, thoracic, and lumbar spines, due to failure to improve. The previous progress report noted the use of Mobic and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI w/o contrast 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 & Thoracic - Magnetic resonance imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work-related injury in March 2015 occurring while bending assistive device twisting and is being treated for pain throughout the spine. When seen, there were no radiating symptoms and there was a normal neurological examination. Treatments had included medications, chiropractic care, and a back support. A light duty restriction was being accommodated. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit, when there are 'red flags' such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury or significant trauma. There is no history of prior surgery. There are no identified 'red flags' that would support the need for obtaining an MRI scan of the thoracic spine. The request is not medically necessary.

MRI w/o contrast cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work-related injury in March 2015 occurring while bending assistive device twisting and is being treated for pain throughout the spine. When seen, there were no radiating symptoms and there was a normal neurological examination. Treatments had included medications, chiropractic care, and a back support. A light duty restriction was being accommodated. Applicable criteria for obtaining an MRI of the cervical spine include neck pain with radiculopathy, if severe, or the presence of progressive neurologic deficit. In this case, there are no identified neurological deficits that would support the need for obtaining an MRI scan, which therefore was not medically necessary.