

Case Number:	CM15-0245388		
Date Assigned:	12/28/2015	Date of Injury:	04/11/2015
Decision Date:	01/29/2016	UR Denial Date:	12/09/2015
Priority:	Standard	Application Received:	12/17/2015

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: Arizona, California
 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 59 year old female who sustained an industrial injury on 4-11-2015. She complains of back pain. The injured worker was diagnosed with sprain-strain of lumbar, sciatica and sprain-strain of thoracic. Treatment to date has included diagnostic testing, physical therapy and medications. The progress note dated 5-7-2015, the IW complains of "pain in the upper and lower back. She describes the symptoms as sharp, dull, tingling and burning. She states it is extremely severe. She states there is radiation of back pain to bilateral buttocks, left leg and thigh. She complains of limited back motions. On exam, range of motion of the back is restricted. Straight leg raise is positive. The plan is to continue medications and referral to spine surgery". The initial orthopedic progress note dated 8-24-2015, the IW complains of "mid and low back pain extending down the right and left leg with associated numbness, in addition to pain extending up her back to her right and left shoulder region. The pain is located across the lower back, extends up the back to the right and left shoulder blades. She is also experiencing pain and numbness involving the right and left legs. Her pain is constant in nature and has a sharp, aching, burning, stabbing, shooting and electric components and ranges up to a 6 out of 10, with 10 being the worse. The pain is aggravated by sitting, standing, walking, twisting, bending, and squatting, running, climbing stairs, lifting and lying down. On exam, he appears in some distress while moving about the examination table. Range of motion of the lumbar spine was decreased and positive lumbar tenderness and paraspinous muscles spasming. There is positive tenderness of the sacrum. There is positive femoral stretch test bilaterally. Patrick's test results in pain in the lower back with maneuver on the right. The plan is for x-rays, EMG-NCV

of the lower extremities and MRI". The UR decision dated 12-9-2015 denied an MRI of the thoracic spine. The request for authorization, dated 12-14-2015 is for an MRI of the thoracic spine.

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, Low Back-Lumbar and Thoracic (Acute and Chronic) - MRIs (Magnetic Resonance Imaging).

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

Decision rationale: According to the ACOEM guidelines, an MRI of the cervical spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. Prior notes from August 2015 indicate the claimant was not a candidate for surgery. There were no neurological abnormalities on exam indicating the need for a thoracic spine MRI. The request for an MRI of the thoracic spine is not medically necessary.