

Case Number:	CM14-0124419		
Date Assigned:	08/08/2014	Date of Injury:	07/05/2013
Decision Date:	09/30/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Neurologist and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old male who reported an injury on 07/05/2013. The mechanism of injury was noted to be a fall. The diagnoses included neck pain, low back pain, thoracic pain, ribcage pain, L4-5 disc collapse, sacralization of L5, central protrusion and annular tear, bilateral shoulder pain, and bilateral foot pain. Previous treatments included medication and physical therapy. Diagnostic testing included an MRI and CT scan. Within the clinical note dated 06/27/2014, it was reported the injured worker complained of neck pain, low back pain, bilateral shoulder pain, bilateral foot pain, and ribcage pain. He rated his pain 9/10 to 10/10 in severity. Upon physical examination, the provider noted the injured worker had pain with lumbar extension. The injured worker had pain with lumbar rotation. The provider noted the injured worker's sensation was grossly intact. Strength was full and initially he appeared to have weakness, but this was effort dependent. The injured worker had a negative straight leg raise bilaterally. A request was submitted for a thoracic MRI. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic MRI quantity 1 (RFA 6/30/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, MRIs (magnetic resonance imaging).

Decision rationale: The request for a thoracic MRI quantity 1 retrospective date of service 06/30/2014 is not medically necessary. The Official Disability Guidelines note MRIs are recommended for indications listed below. MRIs are the test of choice for injured workers with prior back surgery, but for uncomplicated low back pain, radiculopathy, they are not recommended until after at least 1 month of conservative therapy; sooner if there is severe progression of neurological deficits. There is a lack of significant neurological deficits in a specific dermatomal or myotomal distribution. There is a lack of red flag diagnoses or the intent to undergo surgery requiring the MRI. Therefore, the request is not medically necessary.