

Case Number:	CM14-0145280		
Date Assigned:	09/12/2014	Date of Injury:	07/25/2014
Decision Date:	10/16/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 29-year-old female who reported an injury on 07/25/2014. The mechanism of injury was due to lifting. The injured worker's diagnoses included sprain/strain to the lumbar region and sprain/strain to the thoracic region. Her past treatments included heat/H wave therapy to the lumbar spine, therapeutic exercises/stretchches, and medications. The injured worker's diagnostic testing included x-rays, which were noted to be normal. There were no relevant surgeries noted in the clinical documentation. On 08/11/2014, the injured worker complained of pain to her mid back. Upon physical examination, she was noted to have full range of motion to the back, a negative straight leg raise, and +2 deep tendon reflexes were equal to both sides. Her motor and sensation were noted to be intact to bilateral lower extremities. Her medications were listed as atenolol and Diazide. The treatment plan included to dispense medication: Ibuprofen 200 mg. A request was received for magnetic resonance imaging to thoracic spine. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Thoracic Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM), Chapter on Cervical & Thoracic Spine Disorders; section on Magnetic Resonance Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for Magnetic Resonance Imaging (MRI) Thoracic Spine is not medically necessary. The California Medical Treatment Utilization Schedule/ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise or the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The injured worker did complain of pain, however, there were no neurological deficits documented upon examination like decreased sensation or decreased motor strength. In the absence of documentation with evidence of significant objective neurological findings or red flags for serious spinal pathology, the request is not supported at this time. Therefore, the request is not medically necessary.