

Case Number:	CM14-0183389		
Date Assigned:	11/10/2014	Date of Injury:	05/08/2014
Decision Date:	12/12/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/04/2014

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 Emergency Medicine and is licensed to practice in California. 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 28-year-old male who reported an injury on 05/08/2014 due to repetitive heavy lifting. His diagnoses were noted to include thoracic spine strain and sprain and intercostal muscle strain. Past treatments were noted to include 12 sessions of physical therapy, TENS unit, acupuncture, anti-inflammatory medications, and home exercise program. The documentation submitted for review noted x-rays of the thoracic spine and cervical spine which showed no abnormalities on 07/08/2014. On 09/25/2014, the injured worker complained of pain rated 5/10 in his mid-upper thoracic spine. Physical examination showed tenderness to palpation to the mid lower thoracic spine. The injured worker's range of motion was noted to be within functional limits. Motor strength examination was noted at 5/5. Deep tendon reflexes were +2. The documentation also noted the injured worker did not have any pain during the deep thorax palpation; however, he did have some pain radiating to the wall of his chest during deep palpation of the lower ribcage. The documentation noted the injured worker's medications to include Mobic 7.5 mg. The treatment plan was noted to include physical therapy, chiropractic therapy, and acupuncture, as well as a trial of the TENS unit. Request was received for MRI of the thoracic spine due to persistent pain and limitation of activity. Despite a normal x-ray, the physician ordered a thoracic spine MRI to make sure that they did not miss any pathology. Request for Authorization dated 09/25/2014 was included in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Thoracic Spine: Overturned

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

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

Decision rationale: The request for MRI of the thoracic spine is medically necessary. The California ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of back pain and related symptoms, carries a significant risk of diagnostic confusion including false positive test results, with the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. MRI's are recommended for acute, neck and upper back conditions when red flags for fracture or neurologic deficit associated with acute trauma, tumor, or infection are present. The injured worker complains of pain rated 5/10 to his mid upper thoracic spine which he describes as dull, constant, and cramping. Upon examination of this injured worker, there were no findings of nerve compromise or red flags. However, documentation submitted for review noted the injured worker to have some radiating pain to his wall of his chest and during deep palpation of the lower rib cage. As such, the request for MRI of the thoracic spine is medically necessary.