

Case Number:	CM14-0183592		
Date Assigned:	11/07/2014	Date of Injury:	02/24/2014
Decision Date:	12/11/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational 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:

This patient is a 43 y/o male who has developed persistent spinal pain subsequent to a fall on 2/24/14. Soon after the injury he was fired from his job. He initially had upper thoracic and peri-cervical pain and spasm. More recently the pain is reported to be in the lower thoracic spine and associated with spasms. No radiculopathic complaints or findings are reported. Electrodiagnostics have revealed a median nerve neuropathy. X-rays soon after the injury revealed mild cervical degenerative changes and mild old compression fractures with minimal wedging at L12 and t1. A recent request for a thoracic MRI implies that there were acute thoracic fractures at the time of the fall. There is not documentation of a review of the initial films or discussions with a radiologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI thoracic without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179, Chronic Pain Treatment Guidelines Functional MRI.

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

Decision rationale: MTUS Guidelines are quite specific regarding the criteria to justify spinal MRI scanning. There should be persistent neurological changes, a necessity for planning indicated invasive procedures or the presence of red flag conditions. None of these circumstances apply to this patient. The request for the MRI states it is for diagnostic purposes due to a spinal fracture on x-ray, however the initial complaints did not involve the lower thoracic spine and the formal x-ray report stated that the minimal compressive changes were chronic and pre-existed the fall. If the requesting physician reviews the x-rays and provides additional justification the request may be compliant with Guidelines. Under the current circumstances the request is not consistent with Guidelines and is not medically necessary.