MAXIMUS Federal Services

Case Number:	CM13-0051519		
Date Assigned:	12/27/2013	Date of Injury:	03/19/2013
Decision Date:	03/05/2015	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/14/2013

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 24 year old female sustained a work related injury on 03/19/2013. The mechanism of injury was not made known. A Request for Authorization for Medical Treatment was submitted for review and was illegible. A MRI of the left hip dated 09/09/2013 revealed unremarkable noncontrast MRI appearance of the left hip. Clinical history included mid and lower back and left hip pain. MRI of the thoracic spine on 09/09/2013 revealed no disc herniation, spinal canal stenosis or neural foraminal narrowing. Clinical history included mid and lower back and left hip pain. Pain traveled down the left leg. MRI of the lumbar spine dated 09/09/2013 revealed L1-2, a 2.0 mm circumferential disc bulge which mildly impresses on the thecal sac, L3-4, a 2.9 mm disc bulge which mildly impresses on the thecal sac, L4-5, a 2.9 mm circumferential disc bulge which mildly impresses on the thecal sac and bilateral facet arthrosis, ligamentum flavum hypertrophy and mild bilateral neural foraminal narrowing noted. Clinical history included mid and lower back and left hip pain. Pain traveled down the left leg.On 10/24/2013, Utilization Review non-certified retro MRI of the Thoracic Spine 72146. The request was received on 08/29/2013. According to the Utilization Review physician, there were no objective findings to support the need of a MRI. Guidelines cited for this review included CA MTUS Neck and Upper Back Complaints ACOEM pages 181-183. The decision was appealed for and Independent Medical 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 (RETROSPECTIVE DOS: 9/9/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: MRI of the thoracic spine (retrospective DOS 9/9/13) is not medically necessary per the MTUS ACOEM Guidelines. The guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. The documentation does not indicate objective or subjective findings to support the need for a thoracic MRI therefore this is not medically necessary.