

Case Number:	CM14-0214835		
Date Assigned:	01/02/2015	Date of Injury:	10/07/2014
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Texas, California
Certification(s)/Specialty: Family Practice

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 is a 38 years old male patient who sustained an injury on 10/7/2014. The current diagnoses include cervical sprain and thoracic sprain. Per the doctor's note dated 12/12/2014, he had complaints of thoracic pain and cervical pain with radiation to right upper extremity with occasional tingling and numbness. The physical examination revealed tenderness over cervical and thoracic paraspinal muscles and 80% of normal range of motion. The medications list includes relafen and flexeril. Prior diagnostic study reports were not specified in the records provided. He has had physical therapy visits for this injury.

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, without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Neck & Upper Back (updated 11/18/14)

Decision rationale: This is a request for MRI of the thoracic spine, without contrast. Per the ACOEM Chapter 8 guidelines 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. In addition per the cited guidelines, indication for thoracic MRI includes upper back/thoracic spine trauma with neurological deficit. The records provided did not specify any progression of neurological deficits in this patient. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. Evidence of failure of conservative therapy is not specified in the records provided. A recent thoracic spine x-ray report was not specified in the records provided. The medical necessity of MRI of the thoracic spine, without contrast is not established for this patient.

MRI of the cervical spine, without contrast: Upheld

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

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

Decision rationale: This is a request for MRI of the cervical spine, without contrast. Per the ACOEM Chapter 8 guidelines 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. The ACOEM Chapter 8 guidelines recommend MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, Not recommended: Imaging before 4 to 6 weeks in absence of red flags. The records provided did not specify any progression of neurological deficits in this patient. Any finding indicating red flag pathologies were not specified in the records provided. The history or physical exam findings did not indicate pathology including cancer, infection, or other red flags. Evidence of failure of conservative therapy is not specified in the records provided. A recent thoracic spine x-ray report was not specified in the records provided. In addition, electro-diagnostic study with significant neurological deficits is not specified in the records provided. The medical necessity of MRI of the cervical spine, without contrast is not established for this patient.