

Case Number:	CM15-0104368		
Date Assigned:	06/08/2015	Date of Injury:	11/06/2014
Decision Date:	07/10/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 22 year old male who sustained an industrial injury on 11/06/2014. Mechanism of injury was lifting heavy objects, and injuring his upper and lower back. Diagnoses include thoracic and lumbar spine strain/sprain. Treatment to date has included medications, physical therapy, home exercise program, hot and cold packs, and use of a Transcutaneous Electrical Nerve Stimulation unit with therapy. Medications include Flexeril and Ibuprofen. A physician progress note dated 04/28/2015 documents the injured worker complains of mid back and low back pain. He is tender to palpation at T1-T12, and there is decreased extension and rotation. There is tenderness to palpation at the L3-S1 parafacet and left spasms present. There is decreased range of motion. Several documents within the submitted medical records are difficult to decipher. The treatment plan includes a Transcutaneous Electrical Nerve Stimulation unit. Treatment requested is for Magnetic Resonance Imaging of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Thoracic spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): Chapter 12, pages 303-304.

Decision rationale: ACOEM Treatment Guidelines for the Upper/Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for this MRI nor document any failed conservative trial with medications and therapy. The patient has chronic symptom complaints with diffuse non-correlating neurological findings without specific deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI Thoracic spine is not medically necessary and appropriate.