

Case Number:	CM15-0016895		
Date Assigned:	02/05/2015	Date of Injury:	11/22/2014
Decision Date:	03/23/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on November 22, 2014. She has reported extremely severe, intermittent upper back pain. The diagnoses have included thoracic sprain and strain. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, conservative therapies, work restrictions and pain medications. Currently, the IW complains of extremely severe, intermittent upper back pain. The injured worker reported an industrial injury in 2014, resulting in the previously described pain. She was noted to use physical therapy however she was only able to attend 1 time per week and was ordered 3 times per week because secondary to time off from work and the need for child care. On December 15, 2014, evaluation reported continued pain as previously described. It was noted the pain continued and the physician recommended increasing physical therapy frequency. On January 5, 2015, Utilization Review non-certified a thoracic MRI, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 29, 2015, the injured worker submitted an application for IMR for review of requested thoracic MRI.

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): 177-179.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging

Decision rationale: The claimant is more than 6 months status post work-related injury and continues to be treated for chronic thoracic pain. There are no reported neurological deficits such as dermatomal sensory loss or radicular symptoms. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit and when there are 'red flags' such as suspicion of cancer or infection or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' or radiculopathy with severe or progressive neurologic deficit that would support the need for obtaining an MRI scan which therefore was not medically necessary.