

Case Number:	CM15-0116133		
Date Assigned:	06/24/2015	Date of Injury:	03/06/2015
Decision Date:	07/29/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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: Indiana, Michigan, 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:

The injured worker is a 45 y/o male who experienced a work related injury on 3/6/2015. The injury involved repetitive head movements that led to pain in the neck & upper back. No paresthesia or radicular symptoms were experienced. Thoracic spine x-rays were completed on 4/24/2015 and are normal. Diagnoses include thoracic spine strain and thoracic myofascial pain syndrome. Treatment has involved physical therapy, icing and medications. A request has been made for a thoracic MRI and a pain management referral.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI.

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

Decision rationale: The injured worker did not experienced tissue injury or neurologic dysfunction which is among the criteria needed for completing imaging such as an MRI. Physical examination failed to reveal definitive neurologic findings to indicate a need for imaging. Therefore, a thoracic MRI is not medically necessary and appropriate.

Pain management consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs Page(s): s 32-33.

Decision rationale: The injured workers symptoms and physical examination were consistent with the type of injury experienced. The injury did not reveal indications that warranted a pain management referral as per the MTUS guidelines. Therefore the request for Pain Management consult is not medically necessary.