

Case Number:	CM15-0116154		
Date Assigned:	06/24/2015	Date of Injury:	10/08/2007
Decision Date:	07/27/2015	UR Denial Date:	06/15/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 injured worker (IW) is a 58-year-old female who sustained an industrial injury on 10/08/2007. Diagnoses include pain in joint-shoulder, pain in joint-lower leg, cervical disc displacement without myelopathy and lumbar disc displacement without myelopathy. Treatment to date has included medications. She had MRIs of the cervical and lumbar spine in May 2014 showing degenerative disc disease. According to the progress notes dated 6/5/15, the IW reported increased mid back pain for three to four weeks. She was taking Orphenadrine at the end of the day, with 50% pain relief reported. On examination, there was tenderness over the spinous processes at T10, T11 and T12. A request was made for one x-ray of the thoracic spine to exclude bony lesion or fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to MTUS 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. There is no clear evidence that the patient developed new symptoms or have red flags pointing toward a thoracic spine damage. Therefore, the prescription of X-ray of the thoracic spine is not medically necessary.