

Case Number:	CM15-0118205		
Date Assigned:	06/26/2015	Date of Injury:	05/08/2015
Decision Date:	07/29/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/18/2015

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: Emergency 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 is a 33 year old male, who sustained an industrial injury on 5/8/15. He reported low back pain. The injured worker was diagnosed as having lumbar and thoracic sprain/strain. Treatment to date has included medication and hot/cold application. On 5/27/15 the injured worker reported no paresthesias, no radiation of pain, no limitations of motion of the back, no leg weakness, and no numbness or tinging of the lower extremities. Tenderness was noted over the thoracolumbar spine and paravertebral musculature. Normal gait and normal posture were also noted. X-rays of the thoracic and lumbar spine were noted to be normal. Currently, the injured worker complains of lower thoracic to lumbar spine pain rated as 7/10. The treating physician requested authorization for a MRI of the thoracic spine. The treatment plan included physical therapy for the thoracolumbar spine.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 304, 309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of red flag signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no noted neurological deficits, there is no documentation of any conservative care performed and there is no appropriate rationale for requested test. MRI of lumbar spine is not medically necessary.