

Case Number:	CM15-0119105		
Date Assigned:	06/29/2015	Date of Injury:	04/29/2015
Decision Date:	07/29/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/19/2015

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 52 year old female, who sustained an industrial injury on 4/29/2015. She reported a trip and fall with injury to the back and leg. Diagnoses include right rhomboid/paraspinous muscle strain and spasm, left soleus muscle tear, and thoracic compression fracture. Treatments to date include anti-inflammatory, Norco, and muscle relaxer. Currently, she complained of an additional injury that occurred. She fell forward and presented to the Emergency Department with increased back pain and was evaluated. She was found to have a compression fracture in the thoracic spine. The pain was noted to be rated 3-4/10 VAS with radiation to the right shoulder, left shoulder down to the right hand. On 5/29/15, the physical examination documented painful range of motion, cramping, muscle spasms, and altered sensation. The plan of care included a request to obtain a thoracic spine MRI to rule out disc compromise status post compression fracture.

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, Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging) (2) Low Back - Lumbar & Thoracic (Acute & Chronic), Kyphoplasty.

Decision rationale: The claimant sustained a work injury 04/29/15 and continues to be treated for pain after sustaining a possible thoracic spine compression fracture with an x-ray dated 05/27/15 including findings of a mid-thoracic compression fracture of 15-20 percent of unknown age. When seen, she was having back and leg pain. She was noted to be in a mild amount of distress. There was midline upper spine tenderness. There was a normal neurological examination. The assessment references not needing a kyphoplasty procedure with reconsideration if her pain did not resolve. Authorization for an MRI of the thoracic spine was requested. Criteria for consideration of kyphoplasty include the presence of unremitting pain and functional deficits due to a compression fracture, lack of satisfactory improvement with medical treatment (e.g. medications, bracing, and therapy), and fracture age not exceeding 3 months. When requested, the claimant was less than one month status post injury. She was in mild distress. There were no identified 'red flags' that would support the need for obtaining an MRI scan. She had not undergone medical treatment. If her condition were to fail to improve despite medical treatment an MRI could be obtained within the three-month treatment window if needed. The request for thoracic spine MRI is not medically necessary.