MAXIMUS Federal Services

Case Number:	CM15-0124111		
Date Assigned:	07/08/2015	Date of Injury:	05/07/2015
Decision Date:	08/06/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/26/2015

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: 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 48 year old male who sustained an industrial /work injury on 5/7/15. He reported an initial complaint of upper back pain. The injured worker was diagnosed as having thoracic strain with spasm, pain in right leg. Treatment to date includes medication, physical therapy, and diagnostics. X-ray results of the thoracic spine were reported on 5/11/15. Currently, the injured worker complained of crampy mid thoracic pain. Therapy was being done but 'no better. Per the primary physician's report (PR-2) on 6/5/15, exam revealed limited range of motion, sat stiffly, with parathoracic muscle stiffness. The requested treatments include MRI (magnetic resonance imaging) of thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of Thoracic spine: Upheld

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

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

Decision rationale: Regarding the request for thoracic MRI, the ACOEM guidelines recommend an initial period of conservative assuming there are no red flag conditions presents. Specifically, Chapter 8 entitled "Neck and Upper Back Complaints" specifies on pages 177-182 the following: "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. Criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study". In the case of this injured worker, there is thoracic spine pain and x-rays have showed only "mild degenerative changes of the mid thoracic spine." The patient has initiated physical therapy, but it unclear how many total visits were completed in the submitted records. The examinations have shown tenderness to palpation in the thoracic spine region, but no "definitive neurologic findings" as suggested by guidelines for imaging. Given this lack of finding, this request is not medically necessary.