

Case Number:	CM15-0046376		
Date Assigned:	03/18/2015	Date of Injury:	11/19/2014
Decision Date:	04/23/2015	UR Denial Date:	02/28/2015
Priority:	Standard	Application Received:	03/11/2015

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

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 68 year old male injured worker suffered an industrial injury on 11/19/2014. The diagnoses were upper back strain, upper back pain and right cervical radiculopathy. The treatments were medications and physical therapy. The treating provider reported pain radiates to the right arm with wasting of the triceps muscle. There was persistent tenderness to the upper back. The requested treatment was MRI of thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of thoracic spine, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI

of the cervical spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, sufficient evidence from historical reporting of persistent symptoms unaffected by physical therapy and physical findings (muscle wasting, tenderness) to suggest a possible connection with a spinal neurological compromise contributing to the worker's symptoms. However, an MRI of the thoracic spine was requested. The level likely affected, based on the examination findings, is C6-C7 and the C7 nerve root. Therefore, a cervical MRI would be more appropriate and the thoracic MRI request would be inappropriate and medically unnecessary.