

Case Number:	CM15-0064089		
Date Assigned:	04/10/2015	Date of Injury:	02/02/2013
Decision Date:	05/29/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/03/2015

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, North Carolina
 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 injured worker is a 23 year old female, who sustained an industrial injury on February 2, 2013. She reported reaching overhead and when she turned to catch it she felt a ripping and popping sensation in her lumbar spine followed by immediate sharp and burning pain. The injured worker was diagnosed as having lumbar sprain/strain with herniated extruded disc left paracentral at L4-L5 based on the MRI report dated August 23, 2013, left lower extremity radicular symptoms, and thoracic strain with chronic upper back pain. Treatment to date has included chiropractic treatments, x-rays, MRI, electromyography (EMG)/nerve conduction study (NCS), functional capacity evaluation, TENS, physical therapy, water therapy, and medication. Currently, the injured worker complains of back pain that radiates into the neck, elbow, back, lower back, leg, and foot. The Primary Treating Physician's report dated February 24, 2015, noted the injured worker's current medications as Tylenol and Motrin. Physical examination was noted to show the lumbar spine tender bilaterally, with the thoracic spine tender at the T10-T12 region in the midline, and the right trapezium and right clavicle tender. The treatment plan was noted to include a MRI of the thoracic spine, a request for formal pain management, and request for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with contrast of the bilateral upper back area: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

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

Decision rationale: The request is for an MRI of the upper back is this claimant with chronic upper back strain. The ACOEM guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a three to four week period of conservative care and observation fails to improve symptoms. Criteria for imaging studies include: 1) emergence of a red flag; 2) physiologic evidence of tissue insult or neurologic dysfunction; 3) failure to progress in a strengthening program intended to avoid surgery; 4) clarification of anatomy prior to an invasive procedure. This patient's examination shows only tenderness in the T10-T12 region in the midline. Radiation of pain to the upper and lower extremities is not anatomically possible from the upper back. There are no plain film x-rays submitted for review. There is no neurologic abnormality documented on the exam, no red flags, nor anticipation of an invasive procedure. It is unlikely that an MRI of the upper back will provide any useful information referable to the patient's symptoms. The request is not medically necessary.