MAXIMUS Federal Services

Case Number:	CM15-0069321		
Date Assigned:	04/16/2015	Date of Injury:	05/02/2013
Decision Date:	05/18/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/13/2015

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 York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 31 year old female who sustained an industrial injury on 05/02/2013. Diagnoses include thoracic herniated nucleus pulposus T7-8, lumbar sprain/strain, facet arthropathy, and disc bulges at L3-4, L4-5, and L5-S1. Treatment to date has included diagnostic studies, medications, physical therapy, medial branch blocks which increased her pain, and chiropractic therapy. A physician progress note dated 03/10/2015 documents the injured worker has stabbing and burning low back pain rated at a 9 out of 10 on the pain scale, and pain is mostly right sided. She has numbness and tingling that goes down both legs. She has weakness in her legs after standing 30 minutes. Her headaches are becoming more frequent, with blurry vision and she has to stay in a dark room. Her sleep is disturbed due to low back pain and she sleeps 2-3 hours at a time. The injured worker has diffuse tenderness to palpation over the bilateral lumbar and lower thoracic paraspinals. Lumbar spine range of motion is limited. The treatment plan is for medications, neurology consult and Magnetic Resonance Imaging. Treatment requested is for Magnetic Resonance Imaging of the thoracic spine.

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 Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic neck pain is for a MRI of the thoracic spine. The records document a physical exam with pain with range of motion no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the thoracic spine is not medically necessary.