

Case Number:	CM15-0075020		
Date Assigned:	04/24/2015	Date of Injury:	12/26/2012
Decision Date:	05/26/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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: Emergency 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 43 year old male who sustained an industrial injury on December 26, 2012. He has reported thoracic pain and has been diagnosed with degeneration of lumbar intervertebral disc, degeneration of lumbosacral intervertebral disc, pain in the thoracic spine, left, low back pain, thoracic radiculitis, fibromyalgia, and chronic pain syndrome. Treatment has included modified work, medications, exercises, and a functional restoration program. Currently the injured worker complains of pain in the thoracic spine, abdominal pain, low back pain, and thoracic radiculitis. The treatment request included an MRI 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 of the Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178 and 182.

Decision rationale: The requested MRI of the Thoracic Spine, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 177-178 and 182, note the 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; and MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. The injured worker has pain in the thoracic spine, abdominal pain, low back pain, and thoracic radiculitis. The treating physician has not documented the emergence of a red flag condition; physiologic evidence of neurologic dysfunction; indication of an impending surgical intervention. The criteria noted above not having been met, MRI of the Thoracic Spine is not medically necessary.