

Case Number:	CM15-0077262		
Date Assigned:	04/28/2015	Date of Injury:	12/29/2014
Decision Date:	05/28/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/22/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 December 29, 2014. She has reported neck pain, back pain and hip pain. Diagnoses have included thoracolumbar contusion, and rule out discogenic pain. Treatment to date has included medications, physical therapy. A progress note dated March 9, 2015 indicates a chief complaint of neck pain, upper back pain, mid back pain, lower back pain, and right hip pain. The treating physician documented a plan of care that included magnetic resonance imaging of the thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic, Acute and Chronic, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 304.

Decision rationale: The injured worker sustained a work related injury on December 29, 2014. The medical records provided indicate the diagnosis of thoracolumbar contusion, and rule out discogenic pain. Treatment to date has included medications, physical therapy. The medical records provided for review do not indicate a medical necessity for MRI of lumbar spine. The medical records reviewed do not indicate presence of radiculopathy or progressive neurological deficit, neither is there indication of the presence of tumor or infection. The MTUS recommends that imaging studies be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated; because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great.

MRI of Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic, Acute and Chronic, MRIs.

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

Decision rationale: The injured worker sustained a work related injury on December 29, 2014. The medical records provided indicate the diagnosis of thoracolumbar contusion, and rule out discogenic pain. Treatment to date has included medications, physical therapy. The medical records provided for review do not indicate a medical necessity for MRI of Thoracic Spine. The medical records reviewed did reveal unequivocal findings that identify specific nerve compromise on the neurologic examination. The MTUS states that imaging studies may be appropriate in a patient whose limitations due to consistent symptoms have persisted for four to six weeks or more when surgery is being considered for a specific anatomic defect, or to further evaluate the possibility of potentially serious pathology, such as a tumor. In the absence of those, reliance on imaging studies alone to evaluate the source of neck or upper back symptoms carries a significant risk of diagnostic confusion (false-positive test results.)