

Case Number:	CM17-0007376		
Date Assigned:	01/13/2017	Date of Injury:	11/14/2016
Decision Date:	02/08/2017	UR Denial Date:	12/24/2016
Priority:	Standard	Application Received:	01/10/2017

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: 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 39 year old male who sustained an industrial injury on 11-14-2016. On 11-17-2016, the worker was seen for complaint of severe chest pain, shortness of breath and cough. X-rays (2 view) were taken of the chest. The x-rays were unremarkable, showing no significantly displaced rib fractures, and no pneumothorax. CT of the brain, neck and chest showed no signs of axial skeletal fractures or injury. He was given pain medications and had a follow-up scheduled. The documentation on 12-20-2016 noted the injured worker has complaints of headache, neck pain, chest pain and rib fractures and continues to have a crushing type of pain in the midback that he rates a 9 on a scale of 0-10. The physical exam reveals level 10 thoracic spine tenderness on palpation. A review of the medical records shows the injured worker has diagnosis that include acute bilateral thoracic back pain; closed fracture of multiple ribs of left side with routine healing; concussion with loss of consciousness of 30 minutes or less, subsequent encounter; nausea and stain of neck muscle, subsequent encounter. The treatment to date includes oral pain medications of Ibuprofen and Hydrocodone-acetaminophen (since 11-17-2016), and Ibuprofen. The treatment plan includes a MRI to rule out compression fracture at T10, and reduce the Hydrocodone and increase the Ibuprofen. No prior MRI are found. The worker is hypertensive. He is to remain off work for the next 4 weeks. The original utilization review 12-24-2016 non-certified the request for MRI of the thoracic spine and certified a request for Hydrocodone-Acetaminophen 5/325mg #50.

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 Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: 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. The provided progress notes fails to show any documentation of indications for imaging studies of the thoracic spine as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore criteria have not been met for imaging of the thoracic spine and the request is not medically necessary.