

Case Number:	CM13-0001136		
Date Assigned:	05/16/2014	Date of Injury:	08/04/1986
Decision Date:	06/11/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/10/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in New York and North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant has a date of injury of 8/5/1986, and requesting a thoracic MRI without contrast. She is an 68 year old woman with chronic back pain. In June 2013 she noted increasing low back pain radiating to the right gluteus and the right leg. She has numbness and tingling with walking, along with an increase in pain. She was having a flare up of thoracic back pain. Epidural injections help her, but only for about 3 months at a stretch. A more recent MRI was requested for purposes of providing epidural steroid injections. She is also medically managed with Celebrex, Fentanyl patches and Xanax. Her last injection 3/15/13 notes that she got "miraculously better." This injection was done at T7-T8 under flouroscopy.

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 WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

Decision rationale: This claimant has no progressive neurologic deficits pertaining to the thoracic spine, including any signs of myelopathy. Although there is no specific section addressing thoracic MRI in the MTUS Guidelines or ODG, the ODG low back pain section states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology, such as tumor, infection, fracture, neurocompression or recurrent disc herniation. It is the mainstay for myelopathy evaluation. The ODG states that thoracic MRI is indicated in the event of thoracic trauma with neurological deficit. There is no explanation of why an updated MRI is needed by the requesting provider, except that it was previously completed in 2009. There is no medical necessity for thoracic MRI, therefore the request is not medically necessary.